

# 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  
Committee To Re-Elect Loretta Sanchez

ADDRESS (number and street) 1212 S Victory Bl  
 Check if different than previously reported. (ACC)  
Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00326264  
**CITY** STATE ZIP CODE STATE DISTRICT  
IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 47

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 CA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2008 through 05 14 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 05 21 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Committee To Re-Elect Loretta Sanchez

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	56606.94	774128.27
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	56606.94	774128.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	32384.88	799551.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	19659.38
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32384.88	779892.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	608121.70	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Committee To Re-Elect Loretta Sanchez

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	5

D	D
1	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

28625.00

389161.89

(ii) Unitemized.....

2450.00

25445.00

(iii) TOTAL of contributions

31075.00

414606.89

from individuals..... ▶

0.00

209.44

(b) Political Party Committees.....

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

25531.94

359311.94

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

56606.94

774128.27

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

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

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

19659.38

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

1343.09

40136.05

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

57950.03

833923.70

**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.....	32384.88	799551.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	13446.00	77151.32
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45830.88	876703.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	596002.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	57950.03
25. SUBTOTAL (add Line 23 and Line 24).....	653952.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45830.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	608121.70

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 54  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.**

Full Name (Last, First, Middle Initial)  
Terry Bankey

Mailing Address 3500 Barranca Pkwy #100

City Irvine State CA Zip Code 92606

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

Name of Employer Coldwell Banker Occupation Mortgage Broker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 05 / 01 / 2008  
**Transaction ID:** SA11ai00000000556554  
 Amount of Each Receipt this Period 2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mark J Bennahmias

Mailing Address 600 Anton Bl 11th Floor

City Costa Mesa State CA Zip Code 92626

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

Name of Employer Digbeam Occupation Vice President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt 05 / 01 / 2008  
**Transaction ID:** SA11ai00000000556553  
 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)  
Karen Berger

Mailing Address 630 Park Av #8A

City New York State NY Zip Code 10021

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2008  
**Transaction ID:** SA11ai00000000559734  
 Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Boardman	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 17821 17th St #195	<b>Transaction ID:</b> SA11ai00000000556021
	City State Zip Code Tustin CA 92780	Amount of Each Receipt this Period 200.00
	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 Occupation Seapoint Capital Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Boardman	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 17821 17th St #195	<b>Transaction ID:</b> SA11ai00000000558047
	City State Zip Code Tustin CA 92780	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 Occupation Seapoint Capital Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Caren Bolinger	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 201 W Alton Av #A	<b>Transaction ID:</b> SA11ai00000000558051
	City State Zip Code Santa Ana CA 92708	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 Occupation UCI Police Dept. Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 54</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kenneth W Carter</p> <p>Mailing Address 4909 Haverwood Ln 2106</p> <p>City State Zip Code Dallas TX 75287</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Focus Communications    Occupation: President</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11ai00000000556541</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2000.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	1		2	0	0	8												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Phillip Case</p> <p>Mailing Address 1249-A E Imperial Hwy</p> <p>City State Zip Code Placentia CA 92870</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Rondell Homes    Occupation: Executive</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11ai00000000553760</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1000.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Henry G Cisneros</p> <p>Mailing Address 454 Soledad St #300</p> <p>City State Zip Code San Antonio TX 78205</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: City View    Occupation: Chairman</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> SA11ai00000000553765</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	0	8												

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<span style="border: 1px solid black; padding: 2px; display: block;">3500.00</span>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Cynthia Coad	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 10322 St Charles Wy	<b>Transaction ID:</b> SA11ai00000000556546
	City State Zip Code Santa Ana CA 92705	Amount of Each Receipt this Period 1000.00
	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 Occupation Orange County Council Chairperson	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Roy C Cosme	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 5800 Arlington Av #21C	<b>Transaction ID:</b> SA11ai00000000555333
	City State Zip Code Bronx NY 10471	Amount of Each Receipt this Period 500.00
	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 Occupation Arcos Communications President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Martha V Daniel	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 14 Playa Cir	<b>Transaction ID:</b> SA11ai00000000556020
	City State Zip Code Aliso Viejo CA 92656	Amount of Each Receipt this Period 500.00
	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 Occupation IMRI Technology Services President and CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Sonya D Dopp-Grech	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 9852 Leatrice Dr	<b>Transaction ID:</b> SA11ai00000000558045
	City State Zip Code Orange CA 92861	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 Lee & Associates Occupation Real Estate Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Erik Faraldo	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 20092 Bayfront Ln #204	<b>Transaction ID:</b> SA11ai00000000557981
	City State Zip Code Huntington Beach CA 92646	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 N/A Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert T Flesh	Date of Receipt MM / DD / YYYY 04 / 28 / 2008
	Mailing Address 1121 E Philadelphia	<b>Transaction ID:</b> SA11ai00000000556017
	City State Zip Code Ontario CA 91761	Amount of Each Receipt this Period 1000.00
	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 Community Asset Management Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 10 / 54</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) Richard H Gottlieb</p> <p>Mailing Address 42 Upper Main St</p> <p>City State Zip Code Sharon CT 06069</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Grey House Publishing Publisher</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt MM / DD / YYYY 05 / 12 / 2008</p> <p><b>Transaction ID:</b> SA11ai00000000558804</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) David J Grain</p> <p>Mailing Address 331 S Pineapple Av</p> <p>City State Zip Code Sarasota FL 34236</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Grain Capital LLC Partner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 17 / 2008</p> <p><b>Transaction ID:</b> SA11ai00000000554855</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Sandra J Hartness</p> <p>Mailing Address 500 Allview Ter</p> <p>City State Zip Code Laguna Beach CA 92651</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Sandra Hartness Real Estate Developer</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">2000.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 28 / 2008</p> <p><b>Transaction ID:</b> SA11ai00000000556018</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>2250.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Hugh M Hefner		Date of Receipt
	Mailing Address 10236 Charing Cross Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Los Angeles	CA	90024
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11ai00000000556540
Name of Employer Playboy Enterprises, Inc.		Occupation CEO	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 2300.00
		<input type="text"/> 4600.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen A Hinks		Date of Receipt
	Mailing Address 6402 Saint Paul Cir B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Huntington Beach	CA	92647
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11ai00000000558063
Name of Employer DFOC		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 100.00
		<input type="text"/> 450.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen A Hinks		Date of Receipt
	Mailing Address 6402 Saint Paul Cir B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Huntington Beach	CA	92647
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11ai00000000557984
Name of Employer DFOC		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 100.00
		<input type="text"/> 450.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.**

Full Name (Last, First, Middle Initial)  
Gary T Jenkins

Mailing Address 1739 Alisos Av

City Laguna Beach State CA Zip Code 92651

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

Name of Employer Gary T Jenkins MD Occupation Doctor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2008

**Transaction ID:** SA11ai00000000556549

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)  
Man Suk Kang

Mailing Address 3114 W Paso Robles Dr

City Anaheim State CA Zip Code 92804

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

Name of Employer Chan Sa-Rang Bren Presbyterian Church Occupation Minister

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2008

**Transaction ID:** SA11ai00000000556545

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)  
Judith A Kazem

Mailing Address 26862 Goya Cir

City Mission Viejo State CA Zip Code 92691

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

Name of Employer Magnetic Desing Labs Inc Occupation President/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 12 / 2008

**Transaction ID:** SA11ai00000000557979

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 54  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
Irene L Kinoshita

Mailing Address 2351 McGaw

City Irvine State CA Zip Code 92614

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

Name of Employer Ascolta Training Co Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1581.00

Date of Receipt 05 / 07 / 2008  
**Transaction ID:** SA11ai00000000557700  
 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 L Krause

Mailing Address 500 7th Av

City New York State NY Zip Code 10018

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

Name of Employer Sterling Bank Leasing Occupation Sr Vice-President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 05 / 12 / 2008  
**Transaction ID:** SA11ai00000000558032  
 Amount of Each Receipt this Period 350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Doris Longmead

Mailing Address 8236 E Candleberry Cir

City Orange State CA Zip Code 92865

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

Name of Employer Huntington Beach Union School District Occupation Principal

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 720.00

Date of Receipt 04 / 28 / 2008  
**Transaction ID:** SA11ai00000000556022  
 Amount of Each Receipt this Period 75.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **925.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark J Magliocchetti	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 10203 Woodvale Pond Dr	<b>Transaction ID:</b> SA11ai00000000553761
	City State Zip Code Fairfax VA 22039	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 PMA Inc Occupation Government Relations Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark J Magliocchetti	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 10203 Woodvale Pond Dr	<b>Transaction ID:</b> SA11ai00000000553763
	City State Zip Code Fairfax VA 22039	Amount of Each Receipt this Period 700.00
	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 PMA Inc Occupation Government Relations Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark A Mayse	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 10757 Inspiration Cir	<b>Transaction ID:</b> SA11ai00000000556552
	City State Zip Code Dublin CA 94568	Amount of Each Receipt this Period 1000.00
	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 Digibeam Occupation Vice President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 54  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.**

Full Name (Last, First, Middle Initial)  
Manuel Mirabel

Mailing Address 1901 L St NW #802

City Washington State DC Zip Code 20036

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

Name of Employer NPRC Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** SA11ai0000000055337

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)  
Jayne Munoz

Mailing Address 2105 N Victoria Dr

City Santa Ana State CA Zip Code 92706

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

Name of Employer Santa Ana School District Occupation Teacher

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11ai00000000557972

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)  
Martha Newkirk

Mailing Address 245 Crescent Bay Dr.

City Laguna Beach State CA Zip Code 92651

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

Name of Employer Martha Newkirk Occupation Property Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt: MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11ai00000000557992

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) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon P Rankin	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 80 Main St #B	<b>Transaction ID:</b> SA11ai00000000557990
	City State Zip Code Tiburon CA 94920	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 Occupation Jon P Rankin Attorney	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Rebecca R Riddet	Date of Receipt MM / DD / YYYY 04 / 14 / 2008
	Mailing Address 3812 Seascape Dr	<b>Transaction ID:</b> SA11ai00000000553776
	City State Zip Code Huntington Beach CA 92649	Amount of Each Receipt this Period 500.00
	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 Occupation N/A Homemaker	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard S Rosenzweig	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 524 N Canon Dr	<b>Transaction ID:</b> SA11ai00000000556543
	City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 500.00
	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 Occupation Playboy, Inc Executive Vice President	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 54  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.**

Full Name (Last, First, Middle Initial)  
Karen Tonelli

Mailing Address PO Box 51

City State Zip Code  
Yorba Linda CA 92886

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

Name of Employer International Custom Enterprises  
Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11ai00000000557985

Amount of Each Receipt this Period  
100.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Karen Tonelli

Mailing Address PO Box 51

City State Zip Code  
Yorba Linda CA 92886

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

Name of Employer International Custom Enterprises  
Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11ai00000000558059

Amount of Each Receipt this Period  
100.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Karen Tonelli

Mailing Address PO Box 51

City State Zip Code  
Yorba Linda CA 92886

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

Name of Employer International Custom Enterprises  
Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11ai00000000557974

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) ..... ► **1200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Tonelli		Date of Receipt
	Mailing Address PO Box 51		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Yorba Linda	CA	92886
	FEC ID number of contributing federal political committee.		Transaction ID: SA11ai00000000557989
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer International Custom Enterprises		Occupation Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Thuthien T Tran		Date of Receipt
	Mailing Address 8931 McClure Av		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Westminster	CA	92683
	FEC ID number of contributing federal political committee.		Transaction ID: SA11ai00000000558036
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer Bridge Marte Company		Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mario Valencia		Date of Receipt
	Mailing Address 1329 W Sharon Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Santa Ana	CA	92706
	FEC ID number of contributing federal political committee.		Transaction ID: SA11ai00000000556547
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer Mario Valencia		Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 54  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
Miguel E Vasquez  
 Mailing Address 2052 Meadow View Ln  
 City State Zip Code  
 Costa Mesa CA 92627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coastal Rim Properties Development  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 8  
**Transaction ID:** SA11ai00000000557980  
 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)  
Miguel E Vasquez  
 Mailing Address 2052 Meadow View Ln  
 City State Zip Code  
 Costa Mesa CA 92627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coastal Rim Properties Development  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 850.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 8  
**Transaction ID:** SA11ai00000000558057  
 Amount of Each Receipt this Period  
 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Wayne C Winborne  
 Mailing Address 800 DeKelb Av  
 City State Zip Code  
 Brooklyn NY 11228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Prudential Financial VP Diversity Outreach  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 2 / 2 0 0 8  
**Transaction ID:** SA11ai00000000555330  
 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) ..... ► 1600.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 20 / 54</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.**

Full Name (Last, First, Middle Initial) Courtney Zani		Date of Receipt MM / DD / YYYY 05 / 01 / 2008
Mailing Address 5 Killini		<b>Transaction ID:</b> SA11ai00000000556542
City Laguna Niguel	State Zip Code CA 92677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Digibeam Corp.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Michael J Zani		Date of Receipt MM / DD / YYYY 05 / 01 / 2008
Mailing Address 30251 Golden Lantern #E522		<b>Transaction ID:</b> SA11ai00000000556548
City Laguna Niguel	State Zip Code CA 92677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Digibeam	Occupation President/CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>28625.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 54  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
Allergan Inc PAC For Employees

Mailing Address 2148 E Orange View Ln

City Orange State CA Zip Code 92867

FEC ID number of contributing federal political committee. **C** C00292102

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
05 / 12 / 2008

**Transaction ID:** SA11c00000000558040

Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 25 Massachusetts Av NW #600

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** SA11c00000000560022

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)  
Anheuser-Busch PAC

Mailing Address 1 Busch Pl

City Saint Louis State MO Zip Code 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** SA11c00000000555326

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 175 E Houston Rm7A50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt: MM / DD / YYYY  
04 / 17 / 2008

**Transaction ID:** SA11c00000000554853

Amount of Each Receipt this Period: 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Becerra For Congress

Mailing Address P O Box 261060

City Los Angeles State CA Zip Code 90026

FEC ID number of contributing federal political committee. **C** C00264101

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 20.00

Date of Receipt: MM / DD / YYYY  
05 / 06 / 2008

**Transaction ID:** SA11c00000000559711

Amount of Each Receipt this Period: 20.00

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

**C.** Full Name (Last, First, Middle Initial)  
BNSF RailPAC Burlington Northern Santa Fe RAILPAC

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** SA11c00000000559732

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) ..... ► **5020.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Comm Federal  
Mailing Address 430 S Capitol St  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00347864  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 221.38  
Date of Receipt 04 / 30 / 2008  
**Transaction ID:** SA11c00000000557501  
Amount of Each Receipt this Period 11.94  
In-Kind: Fundraising Services  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Employees Of Northrop Grumman Corp (ENGPAC)  
Mailing Address 520 S Grand Av #1700  
City Los Angeles State CA Zip Code 90071  
FEC ID number of contributing federal political committee. **C** C00088591  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 04 / 17 / 2008  
**Transaction ID:** SA11c00000000554854  
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)  
Greenberg Traurig PAC  
Mailing Address 1221 Brickell Av  
City Miami State FL Zip Code 33131  
FEC ID number of contributing federal political committee. **C** C00266585  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 04 / 22 / 2008  
**Transaction ID:** SA11c00000000555329  
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) ..... ► 2011.94  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 54  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
LEAP PAC Boilermakers -Blacksmiths Legislative Ed

Mailing Address 753 State Av #565

City State Zip Code  
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

**Transaction ID:** SA11c00000000556016

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
LEAP PAC Boilermakers -Blacksmiths Legislative Ed

Mailing Address 753 State Av #565

City State Zip Code  
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

**Transaction ID:** SA11c00000000556015

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)  
LEAP PAC Boilermakers -Blacksmiths Legislative Ed

Mailing Address 753 State Av #565

City State Zip Code  
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

**Transaction ID:** SA11c00000000560023

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) ..... ▶ **5000.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.** Full Name (Last, First, Middle Initial)  
MEBA PAF

Mailing Address 444 N Capitol St NW, Suite 800

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00279380

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** SA11c0000000055320

Amount of Each Receipt this Period 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
New York Mercantile Exchange PAC

Mailing Address 1 North End Av 14th Fl WFC

City New York State NY Zip Code 10282

FEC ID number of contributing federal political committee. **C** C00230185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
04 / 28 / 2008

**Transaction ID:** SA11c00000000556019

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)  
The NEA Fund For Children & Public Education PAC

Mailing Address 1201 16th St NW #421

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
05 / 14 / 2008

**Transaction ID:** SA11c00000000559733

Amount of Each Receipt this Period 1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) UPSPAC	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 55 Glenlake Parkway NE	<b>Transaction ID:</b> SA11c00000000556544
	City Atlanta State GA Zip Code 30328	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00064766	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Wal*PAC Wal-Mart Stores Inc PAC For Responsible Govt	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 702 SW 8th St	<b>Transaction ID:</b> SA11c00000000555332
	City Bentonville State AR Zip Code 72716	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00093054	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Wal*PAC Wal-Mart Stores Inc PAC For Responsible Govt	Date of Receipt MM / DD / YYYY 04 / 22 / 2008
	Mailing Address 702 SW 8th St	<b>Transaction ID:</b> SA11c00000000555328
	City Bentonville State AR Zip Code 72716	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00093054	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>25531.94</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 54
	<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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Morgan Stanley Dean Witter		Date of Receipt
	Mailing Address 180 E Ocean Bl #202		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Long Beach	CA	90802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> SA15000000000560032 Amount of Each Receipt this Period <input type="text" value="1123.55"/> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="35243.94"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Morgan Stanley Dean Witter		Date of Receipt
	Mailing Address 180 E Ocean Bl #202		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Long Beach	CA	90802
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> SA15000000000560035 Amount of Each Receipt this Period <input type="text" value="157.80"/> Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="35243.94"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1281.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1281.35"/>

# 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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b> Full Name (Last, First, Middle Initial) AT & T Mobile <hr/> Mailing Address PO Box 6463 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000551347 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 154.71
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) AT & T Mobile <hr/> Mailing Address PO Box 6463 <hr/> City Carol Stream State IL Zip Code 60197 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000559068 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 172.68
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) AT & T Wireless <hr/> Mailing Address PO Box 78225 <hr/> City Phoenix State AZ Zip Code 85062 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000559065 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 370.87
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	698.26
<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)  
Committee To Re-Elect Loretta Sanchez

A.	Full Name (Last, First, Middle Initial) Blue Shield Of California  Mailing Address File 55331  City Los Angeles State CA Zip Code 90074  Purpose of Disbursement Insurance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000554931 Date of Disbursement 04 / 17 / 2008  Amount of Each Disbursement this Period 880.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Citi AAdvantage Business Card  Mailing Address PO Box 6309  City Las Vegas State NV Zip Code 88901  Purpose of Disbursement Airfare Groud Transportation Food 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) ▼	Transaction ID: SB17000000000559294 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 9679.68  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) American Airlines  Mailing Address Los Angeles International Airport  City Los Angeles State CA Zip Code 90045  Purpose of Disbursement Airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017551 Date of Disbursement 05 / 14 / 2008  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>

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

**10559.68**

**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)  
Committee To Re-Elect Loretta Sanchez

A.	Full Name (Last, First, Middle Initial) Amtrak  Mailing Address 900 2nd St NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Transportation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017544 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 146.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Antonello's Ristorante  Mailing Address 3800 Plaza Dr  City Santa Ana State CA Zip Code 92704  Purpose of Disbursement 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) ▼	Transaction ID: SB17000000000017532 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 516.46  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Carmel Car & Limo Service  Mailing Address 2642 Broadway  City New York State NY Zip Code 10025  Purpose of Disbursement Transportation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017539 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 53.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

**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)  
Committee To Re-Elect Loretta Sanchez

A.	Full Name (Last, First, Middle Initial) Claim Jumper <hr/> Mailing Address 3935 Alton Pkwy <hr/> City Irvine State CA Zip Code 92606 <hr/> Purpose of Disbursement Meeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017531 Date of Disbursement 05 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 62.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Famous Famiglia Pizzeria <hr/> Mailing Address 1630 Broadway <hr/> City New York State NY Zip Code 10019 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017538 Date of Disbursement 05 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 29.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Famous Ray's Pizza <hr/> Mailing Address 831 7th Av <hr/> City New York State NY Zip Code 10012 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017540 Date of Disbursement 05 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 64.33 <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

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) I Love New York</p> <p>Mailing Address 902 Broadway</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Cab Fare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017541</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 27.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jet Blue</p> <p>Mailing Address 29 Queens Bl #118</p> <p>City Salt Lake City State UT Zip Code 11375</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017549</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 315.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Loews Regency Hotel</p> <p>Mailing Address 540 Park Av</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017546</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</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>

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

0.00

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

Use separate schedule(s)  
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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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Loews Regency Hotel  Mailing Address 540 Park Av  City New York State NY Zip Code 10021  Purpose of Disbursement 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) ▼	Transaction ID: SB17000000000017547 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 870.79  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) McCormick & Schmick's  Mailing Address 2791 N Main St  City Santa Ana State CA Zip Code 92705  Purpose of Disbursement 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) ▼	Transaction ID: SB17000000000017542 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 30.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Pomare Restaurant  Mailing Address 371 W 46th St  City New York State NY Zip Code 10036  Purpose of Disbursement Meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017537 Date of Disbursement 05 / 14 / 2008  Amount of Each Disbursement this Period 849.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

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

0.00

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

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

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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)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) Quiznos</p> <p>Mailing Address 13030 Harbor Bl</p> <p>City Garden Grove State CA Zip Code 92843</p> <p>Purpose of Disbursement Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017533</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.47"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) San Domenico</p> <p>Mailing Address 235 W 42nd St</p> <p>City New York State NY Zip Code 10019</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017545</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address 12161 Garden Grove Bl</p> <p>City Garden Grove State CA Zip Code 92840</p> <p>Purpose of Disbursement Gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000017543</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.53"/></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>

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

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

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

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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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) US Postmaster  Mailing Address 2201 N Grand Av  City Santa Ana State CA Zip Code 92735  Purpose of Disbursement 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) ▼	Transaction ID: SB17000000000017550 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8  Amount of Each Disbursement this Period 410.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) W New York  Mailing Address 541 Lexington Ave  City New York State NY Zip Code 10045  Purpose of Disbursement 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) ▼	Transaction ID: SB17000000000017535 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8  Amount of Each Disbursement this Period 4000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) W New York  Mailing Address 541 Lexington Ave  City New York State NY Zip Code 10045  Purpose of Disbursement Lodging Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017534 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 8  Amount of Each Disbursement this Period 1558.31  <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) ..... ▶	0.00

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

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Walmart Mailing Address 3600 W McFadden Av City Santa Ana State CA Zip Code 92704 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) ▼	001 Category/ Type	Transaction ID: SB17000000000017548 Date of Disbursement 05 / 14 / 2008 Amount of Each Disbursement this Period 26.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Whitney Museum Of American Art Mailing Address 945 Madison Av City New York State NY Zip Code 10021 Purpose of Disbursement Meeting in NY 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) ▼	002 Category/ Type	Transaction ID: SB17000000000017536 Date of Disbursement 05 / 14 / 2008 Amount of Each Disbursement this Period 216.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm Federal Mailing Address 430 S Capitol St City Washington State DC Zip Code 20003 Purpose of Disbursement In-Kind: Fundraising Services 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) ▼	003 Category/ Type	Transaction ID: SB170000000000557502 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 11.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

11.94

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

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Durkee & Associates	<b>Transaction ID:</b> SB17000000000556391
	Mailing Address 1212 S Victory Bl	Date of Disbursement MM / DD / YYYY 04 / 29 / 2008
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement 1099 Preparation 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	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Durkee & Associates	<b>Transaction ID:</b> SB17000000000556401
	Mailing Address 1212 S Victory Bl	Date of Disbursement MM / DD / YYYY 04 / 29 / 2008
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement Tax Return Preparation 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	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Durkee & Associates	<b>Transaction ID:</b> SB17000000000556402
	Mailing Address 1212 S Victory Bl	Date of Disbursement MM / DD / YYYY 04 / 29 / 2008
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period 50.71
	Purpose of Disbursement Copies/Messenger/Faxes 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	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1300.71

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

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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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b> Full Name (Last, First, Middle Initial) Durkee & Associates <hr/> Mailing Address 1212 S Victory Bl <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Postage/Copies/Messenger Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556404 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 64.05
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Durkee & Associates <hr/> Mailing Address 1212 S Victory Bl <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Postage/Copies/Messenger Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556406 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 46.53
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Durkee & Associates <hr/> Mailing Address 1212 S Victory Bl <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Postage/Copies/Messenger Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556408 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 71.18
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	181.76
<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 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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Durkee & Associates  Mailing Address 1212 S Victory Bl  City Burbank State CA Zip Code 91502  Purpose of Disbursement Accounting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556414 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 3000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Harbor Place Shopping Ctr  Mailing Address 3 Whatney  City Irvine State CA Zip Code 92618  Purpose of Disbursement Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556415 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8  Amount of Each Disbursement this Period 1458.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Harbor Place Shopping Ctr  Mailing Address 3 Whatney  City Irvine State CA Zip Code 92618  Purpose of Disbursement Utilities & 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) ▼	Transaction ID: SB17000000000557047 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8  Amount of Each Disbursement this Period 495.17  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

4953.17

**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)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelly Martinez  Mailing Address 27082 O'Neill Dr #232  City Ladera Ranch State CA Zip Code 92694  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552583 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 1228.72  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Kelly Martinez  Mailing Address 27082 O'Neill Dr #232  City Ladera Ranch State CA Zip Code 92694  Purpose of Disbursement Transportation Meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000554906 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 321.38  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) I Love New York  Mailing Address 902 Broadway  City New York State NY Zip Code 10010  Purpose of Disbursement Transportation Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017367 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8  Amount of Each Disbursement this Period 55.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b>

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

1550.10

**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)  
Committee To Re-Elect Loretta Sanchez

A.	Full Name (Last, First, Middle Initial) MTA NYC Transit <hr/> Mailing Address 42nd St-Grand Central Station <hr/> City New York State NY Zip Code 10025 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017366 Date of Disbursement 04 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 7.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) New Century Travel Bus Inc <hr/> Mailing Address 55 N 11th St <hr/> City Philadelphia State PA Zip Code 19107 <hr/> Purpose of Disbursement Bus Fare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017370 Date of Disbursement 04 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Oasis <hr/> Mailing Address 541 Lexington Av <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017365 Date of Disbursement 04 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 54.00 <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)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

A.	Full Name (Last, First, Middle Initial) US House Of Representatives <hr/> Mailing Address 352 Ford House Office Building <hr/> City Washington State DC Zip Code 20515 <hr/> Purpose of Disbursement Pens Mouse Pad Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">006</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017369 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 4 / 1 5 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">27.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) Yellow Cab Co <hr/> Mailing Address 1636 Bladensburg Rd NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Transportation Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000017368 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 4 / 1 5 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">13.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) Kelly Martinez <hr/> Mailing Address 27082 O'Neill Dr #232 <hr/> City Ladera Ranch State CA Zip Code 92694 <hr/> Purpose of Disbursement Mileage Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB170000000000556368 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 4 / 2 1 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">156.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

156.28

**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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b> Full Name (Last, First, Middle Initial) Kelly Martinez <hr/> Mailing Address 27082 O'Neill Dr #232 <hr/> City Ladera Ranch State CA Zip Code 92694 Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556410 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1228.72
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Kelly Martinez <hr/> Mailing Address 27082 O'Neill Dr #232 <hr/> City Ladera Ranch State CA Zip Code 92694 Purpose of Disbursement Mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000558168 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 141.41
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 002
<b>C.</b> Full Name (Last, First, Middle Initial) Kelly Martinez <hr/> Mailing Address 27082 O'Neill Dr #232 <hr/> City Ladera Ranch State CA Zip Code 92694 Purpose of Disbursement Mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000558169 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 96.35
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 002

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

1466.48

**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)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Kelly Martinez  Mailing Address 27082 O'Neill Dr #232  City Ladera Ranch State CA Zip Code 92694  Purpose of Disbursement Mileage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560071 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 160.28  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Nguoi Viet News  Mailing Address 14771 Moran St  City Westminster State CA Zip Code 92683  Purpose of Disbursement Print Ad Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000551122 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8	Amount of Each Disbursement this Period 420.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee & Associates  Mailing Address 5601 E Slauson Av  City City Of Commerce State CA Zip Code 90040  Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556555 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 344.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

924.28

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee &amp; Associates</p> <p>Mailing Address 5601 E Slauson Av</p> <p>City Of Commerce State CA Zip Code 90040</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000556556</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 88.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee &amp; Associates</p> <p>Mailing Address 5601 E Slauson Av</p> <p>City Of Commerce State CA Zip Code 90040</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000557705</p> <p>Date of Disbursement 05 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 48.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee &amp; Associates</p> <p>Mailing Address 5601 E Slauson Av</p> <p>City Of Commerce State CA Zip Code 90040</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000557996</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 88.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

224.80

**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)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee &amp; Associates</p> <p>Mailing Address 5601 E Slauson Av</p> <p>City Of Commerce State CA Zip Code 90040</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000558033</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 28.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee &amp; Associates</p> <p>Mailing Address 5601 E Slauson Av</p> <p>City Of Commerce State CA Zip Code 90040</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000558805</p> <p>Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Nova Information Systems Inc/Durkee &amp; Associates</p> <p>Mailing Address 5601 E Slauson Av</p> <p>City Of Commerce State CA Zip Code 90040</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17000000000560087</p> <p>Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 14.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

62.00

**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)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b> Full Name (Last, First, Middle Initial) Paychex Inc <hr/> Mailing Address 251 S Lake #200 <hr/> City Pasadena State CA Zip Code 91101 <hr/> Purpose of Disbursement Payroll Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000550683 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 133.69
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Paychex Inc <hr/> Mailing Address 251 S Lake #200 <hr/> City Pasadena State CA Zip Code 91101 <hr/> Purpose of Disbursement Payroll Service Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000558170 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 140.69
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Paychex Inc <hr/> Mailing Address 251 S Lake #200 <hr/> City Pasadena State CA Zip Code 91101 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560045 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1499.82
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

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

1774.20

**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)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

A.	Full Name (Last, First, Middle Initial) Paychex Inc Mailing Address 251 S Lake #200 City Pasadena State CA Zip Code 91101 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560048 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 23.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paychex Inc Mailing Address 251 S Lake #200 City Pasadena State CA Zip Code 91101 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000560049 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 1499.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ross Quient Mailing Address 257 Montana Del Lago City Rancho Santa Marga State CA Zip Code 92688 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552584 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 1188.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**2712.20**

**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)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b>	Full Name (Last, First, Middle Initial) Ross Quient <hr/> Mailing Address 257 Montana Del Lago <hr/> City Rancho Santa Marga State CA Zip Code 92688 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556411 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1188.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Loretta Sanchez <hr/> Mailing Address 12553 Harbor Bl <hr/> City Garden Grove State CA Zip Code 92640 <hr/> Purpose of Disbursement Cab Fare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556372 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 36.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Southern California Edison <hr/> Mailing Address 2244 Walnut Grove <hr/> City Rosemead State CA Zip Code 91771 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000554928 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 180.72 <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) ..... ▶	1405.46
<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)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sparkletts</p> <p>Mailing Address PO Box 660579</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Water Service</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: SB17000000000554505</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="61.70"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 13031 Harbor Bl</p> <p>City Garden Grove State CA Zip Code 92843</p> <p>Purpose of Disbursement Office Supplies</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: SB17000000000560073</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="110.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Marc Sussman</p> <p>Mailing Address 1450 E Grove #41</p> <p>City Orange State CA Zip Code 92865</p> <p>Purpose of Disbursement Salary</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: SB17000000000552585</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1074.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1246.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

<b>A.</b> Full Name (Last, First, Middle Initial) Marc Sussman <hr/> Mailing Address 1450 E Grove #41 <hr/> City Orange State CA Zip Code 92865 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556412 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1074.76
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>B.</b> Full Name (Last, First, Middle Initial) Phuc Tran <hr/> Mailing Address 8811 Tamarisk Cir <hr/> City Westminster State CA Zip Code 92683 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000552586 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 389.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001
<b>C.</b> Full Name (Last, First, Middle Initial) Phuc Tran <hr/> Mailing Address 8811 Tamarisk Cir <hr/> City Westminster State CA Zip Code 92683 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17000000000556413 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 389.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type 001

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

1853.18

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

A.

Full Name (Last, First, Middle Initial)  
US Postmaster

Mailing Address 2201 N Grand Av

City State Zip Code  
Santa Ana CA 92735

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17000000000560072  
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1025.00

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

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

1025.00

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

32106.16

# 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 53 / 54

<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)  
Committee To Re-Elect Loretta Sanchez

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chapman University</p> <p>Mailing Address One University Dr</p> <p>City Orange State CA Zip Code 92866</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21000000000559066</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Joanne Gilbert</p> <p>Mailing Address PO Box 189</p> <p>City Rialto State CA Zip Code 92377</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Joanne Gilbert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 43</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21000000000559299</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="21.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Orange County Human Relations Council</p> <p>Mailing Address 1300 S Grand St Bldg B</p> <p>City Santa Ana State CA Zip Code 92705</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21000000000551349</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13021.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 54 / 54

<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)  
Committee To Re-Elect Loretta Sanchez

A.

Full Name (Last, First, Middle Initial)  
SOL

Mailing Address 9406 Telegraph Rd

City Downey State CA Zip Code 90240

Purpose of Disbursement  
Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21000000000551120

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

400.00

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

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

400.00

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

13421.00