

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Friends of Joe Baca

ADDRESS (number and street) 555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC)

Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00325449

**CITY** STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

CA 43

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

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

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2009 through 12 31 2009

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 Joe Baca

Signature of Treasurer Electronically Filed by Joe Baca Date 01 25 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Joe Baca

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	87788.00	347660.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87788.00	343560.00
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	51404.96	309568.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	7400.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51404.96	302168.59
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	115286.25	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	14496.16	

**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  
Friends of Joe Baca

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**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).....

35796.00

144939.00

(ii) Unitemized.....

3094.00

14729.00

(iii) TOTAL of contributions

38890.00

159668.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

48898.00

187992.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

87788.00

347660.00

(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

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

0.00

0.00

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

0.00

7400.00

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

54.41

145.41

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

87842.41

355205.41

**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.....	51404.96	309568.59
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	2100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4100.00
21. OTHER DISBURSEMENTS.....	7000.00	19640.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58404.96	333308.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	85848.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	87842.41
25. SUBTOTAL (add Line 23 and Line 24).....	173691.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58404.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	115286.25

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

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

FOR LINE NUMBER: PAGE 5 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Agua Caliente Band of Cahuilla Indians

Mailing Address 5401 Dinah Shore Drive

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

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

**Transaction ID:** INC.A.6742

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Agua Caliente Band of Cahuilla Indians

Mailing Address 5401 Dinah Shore Drive

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

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

**Transaction ID:** INC.A.6743

Amount of Each Receipt this Period  
900.00

**C.** Full Name (Last, First, Middle Initial)  
Barona Band of Mission Indians

Mailing Address 1095 Barona Road

City State Zip Code  
Lakeside CA 92040

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

**Transaction ID:** INC.A.6669

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **INC.A.6742**

Federally Permissible Funds

B. Form/Schedule : **SA11AI**  
Transaction ID : **INC.A.6743**

Federally Permissible Funds

C. Form/Schedule : **SA11AI**

Federally Permissible Funds

Transaction ID : **INC.A.6669**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
David R. Barth

Mailing Address 1120 River Lane

City State Zip Code  
Santa Ana CA 92706

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

Name of Employer Think Together Occupation Chief Executive Officer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6620

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Irene B. Bueno

Mailing Address 1100 17th Street, NW

City State Zip Code  
Washington DC 20008

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

Name of Employer Nueva Vista Group, LLC Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

**Transaction ID:** INC.A.6768

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dean L. Buntrock

Mailing Address One Tower Lane, Suite 2242

City State Zip Code  
Oakbrook Terrace IL 60181

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

Name of Employer Dean Buntrock & Associates Occupation Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 6 / 2 0 0 9

**Transaction ID:** INC.A.6554

Amount of Each Receipt this Period  
1000.00

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Tracy A. Burr

Mailing Address 35560 De Portola Road

City State Zip Code  
Temecula CA 92592

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Burrtec Waste Industries, Inc. Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2150.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

**Transaction ID:** INC.A.6670

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Kellie Burum

Mailing Address 5033 Earl Court

City State Zip Code  
Alta Loma CA 91701

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

**Transaction ID:** INC.A.6679

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
California Emergency Physicians Medical Group

Mailing Address 2100 Powell Street, Suite 920

City State Zip Code  
Emeryville CA 94608

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

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

**Transaction ID:** INC.A.6584

Amount of Each Receipt this Period  
2000.00

Federally Permissible Funds; Partnership attribution see below

**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 10 / 73
	<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)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Rod Berger	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 2100 Powell Street, Suite 920	<b>Transaction ID:</b> IDT.A.13
	City State Zip Code Emeryville CA 94608	Amount of Each Receipt this Period 666.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer CA Emergency Medical Physicians Group Occupation Partner Election Cycle-to-Date Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	666.67 <b>[MEMO ITEM]</b>

<b>B.</b>	Full Name (Last, First, Middle Initial) Wesley Curry	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 2100 Powell Street, Suite 920	<b>Transaction ID:</b> IDT.A.12
	City State Zip Code Emeryville CA 94608	Amount of Each Receipt this Period 666.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer CA Emergency Physicians Medical Group Occupation Partner Election Cycle-to-Date Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	666.66 <b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) Tim Nesper	Date of Receipt MM / DD / YYYY 10 / 05 / 2009
	Mailing Address 2100 Powell Street, Suite 920	<b>Transaction ID:</b> IDT.A.14
	City State Zip Code Emeryville CA 94608	Amount of Each Receipt this Period 666.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer CA Emergency Physicians Medical Group Occupation Partner Election Cycle-to-Date Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	666.67 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<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 11 / 73
	(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)  
Friends of Joe Baca

**A.**

Full Name (Last, First, Middle Initial)  
Francisco Castillo

Mailing Address 2712 North Valley Drive

City State Zip Code  
Las Cruces NM 88007

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

Name of Employer Francisco Castillo, Consulting  
Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6621

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Chickasaw Nation, The

Mailing Address 2020 Lonnie Abbott Blvd.

City State Zip Code  
Ada OK 74820

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

Name of Employer  
Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6598

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Chickasaw Nation, The

Mailing Address 2020 Lonnie Abbott Blvd.

City State Zip Code  
Ada OK 74820

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

Name of Employer  
Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6599

Amount of Each Receipt this Period  
600.00

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

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

B. Form/Schedule : **SA11AI**  
Transaction ID : **INC.A.6598**

Federally permissible funds

C. Form/Schedule : **SA11AI**  
Transaction ID : **INC.A.6599**

Federally permissible funds

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 73  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.**

Full Name (Last, First, Middle Initial)  
Dan J. Cohrs

Mailing Address 209 Quadro Vecchio Drive

City State Zip Code  
Pacific Palisades CA 90272

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

Name of Employer Occupation  
Rentech Vice President/Chief Financial Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

**Transaction ID:** INC.A.6673

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Laura Dangermond

Mailing Address P.O. Box 7555

City State Zip Code  
Redlands CA 92375

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

Name of Employer Occupation  
Property One LLC Member Trustee

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

**Transaction ID:** INC.A.6595

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Aida Ekmekjyan

Mailing Address 8390 Nobhill

City State Zip Code  
Corona CA 92883

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

**Transaction ID:** INC.A.6703

Amount of Each Receipt this Period  
2400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3400.00**

**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 14 / 73  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

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

Mailing Address 441 10th Street, NE

City Washington State DC Zip Code 20002

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

Name of Employer Capitol Counsel LLC Occupation Partner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2009  
**Transaction ID: INC.A.6767**  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Jamie A. Jones

Mailing Address 3606 Cameron Mills Road

City Alexandria State VA Zip Code 22305

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

Name of Employer David Turch and Associates Occupation Lobbyist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2009  
**Transaction ID: INC.A.6741**  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
William M. Lasher

Mailing Address 6250 Laurel Blossom Place

City Rancho Cucamonga State CA Zip Code 91739

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

Name of Employer Community Commerce Bank Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 26 / 2009  
**Transaction ID: INC.A.6635**  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**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 15 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
William M. Lasher

Mailing Address 6250 Laurel Blossom Place

City Rancho Cucamonga State CA Zip Code 91739

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

Name of Employer Community Commerce Bank Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 26 / 2009  
**Transaction ID: INC.A.6634**  
 Amount of Each Receipt this Period 1400.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Jih-Shan Liaou

Mailing Address P.O. Box 986

City Loma Linda State CA Zip Code 92354

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

Name of Employer Lucky Farms Occupation Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2009  
**Transaction ID: INC.A.6636**  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
David Lizarraga

Mailing Address 240 Oak Knoll Drive

City Glendora State CA Zip Code 91741

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

Name of Employer Telacu Industriés Occupation President/CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2009  
**Transaction ID: INC.A.6639**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

**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 16 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael D. Lizarraga		Date of Receipt
	Mailing Address 1135 Englewild Drive		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Glendora	CA	91741
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Telacu Industries		Occupation Executive	<b>Transaction ID:</b> INC.A.6637
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Rose M. Lucero		Date of Receipt
	Mailing Address 1531 Highpoint Street		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Upland	CA	91784
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer State of California		Occupation Human Benefits Specialist	<b>Transaction ID:</b> INC.A.6641
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="297.00"/>	<input type="text" value="297.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Manuel Mirabal		Date of Receipt
	Mailing Address 1600 North Oak Street		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22209
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Tonio Burgos & Associates, Inc.		Occupation President	<b>Transaction ID:</b> INC.A.6735
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1797.00"/>
<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 17 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Reymundo Mireles

Mailing Address 11232 Bonnie View

City State Zip Code  
Moreno Valley CA 92555

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

Name of Employer Top Copper Occupation Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 9

**Transaction ID:** INC.A.6705

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel F. Morales

Mailing Address P.O. Box 52617

City State Zip Code  
Riverside CA 92517

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

Name of Employer CA State, School for the Deaf Occupation Associate Personnel Analyst

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6643

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12429 Cape Lane

City State Zip Code  
Yucaipa CA 92399

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

Name of Employer MCC Pipeline Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** INC.A.6605

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Pechanga Band of Luiseno Indians  
Mailing Address P.O. Box 1477

City State Zip Code  
Temecula CA 92593

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9  
**Transaction ID:** INC.A.6688  
 Amount of Each Receipt this Period  
2400.00

**B.** Full Name (Last, First, Middle Initial)  
George L. Pla  
Mailing Address 1401 North Broadway

City State Zip Code  
Los Angeles CA 90012

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cordoba Corporation Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9  
**Transaction ID:** INC.A.6645  
 Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Frank G. Reyes  
Mailing Address 11900 Honey Hills Drive

City State Zip Code  
Grand Terrace CA 92313

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
San Bernardino Community College College Administrator

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 2 / 2 0 0 9  
**Transaction ID:** INC.A.6651  
 Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3700.00

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

A. Form/Schedule : **SA11AI**

Federally Permissible Funds

Transaction ID : **INC.A.6688**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Luis A. Rojas

Mailing Address 214 South Euclid Avenue, Suite 102

City State Zip Code  
Ontario CA 91762

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

Name of Employer Occupation  
Ontario Hispanic Chamber of Commerce President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6650

Amount of Each Receipt this Period  
300.00

Election Cycle-to-Date Amount: 650.00

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

Mailing Address 1724 Laurel Avenue

City State Zip Code  
Upland CA 91784

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

Name of Employer Occupation  
Romero Dealership Salesman

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

**Transaction ID:** INC.A.6676

Amount of Each Receipt this Period  
1000.00

Election Cycle-to-Date Amount: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew J. Salmon

Mailing Address 6849 Colonel Taylor Lane

City State Zip Code  
Centreville VA 20121

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

Name of Employer Occupation  
Policy Impact Communications President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** INC.A.6585

Amount of Each Receipt this Period  
500.00

Election Cycle-to-Date Amount: 500.00

**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:	PAGE 21 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Ruben A. Smith		Date of Receipt
	Mailing Address 1 MacArthur Place, Suite 200		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Santa Ana	CA	92707
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Adorno, Yoss, Alvarado & Smith		Occupation Attorney	<b>Transaction ID:</b> INC.A.6606
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Espartago L. Sosa		Date of Receipt
	Mailing Address 1340 Cahuilla		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Colton	CA	92324
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Retired	<b>Transaction ID:</b> INC.A.6653
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles W. Stenholm		Date of Receipt
	Mailing Address 616 E Street, Northwest, #1154		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20004
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer US House of Representatives		Occupation Congressman	<b>Transaction ID:</b> INC.A.6682
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<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 22 / 73

(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)  
Friends of Joe Baca

A.

Full Name (Last, First, Middle Initial)  
Steven A. Figueroa dba Figueroa's Community Consulting  
Mailing Address P.O. Box 3202

City State Zip Code  
Victorville CA 92393

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: INC.A.6628

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)  
Paul Sweet  
Mailing Address 914 Whann Avenue

City State Zip Code  
Mclean VA 22101

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

Name of Employer Occupation  
Fleishman-Hillard Govt., Relations Senior Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: INC.A.6766

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)  
Carrie J. Tate  
Mailing Address 1565 Lisa Lane

City State Zip Code  
Redlands CA 92374

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

Transaction ID: INC.A.6678

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1900.00

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

A. Form/Schedule : **SA11AI**

Contribution refunded

Transaction ID : **INC.A.6628**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 73  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Joe Velasquez

Mailing Address 1617 Inlet Court

City Reston State VA Zip Code 20190

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

Name of Employer Law Media Group Occupation Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 19 / 2009  
**Transaction ID: INC.A.6769**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Jose Villalobos

Mailing Address 1619 Dewey Street

City Santa Monica State CA Zip Code 90405

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

Name of Employer TELACU Industries Occupation Senior Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 26 / 2009  
**Transaction ID: INC.A.6655**  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory D. Villaneuva

Mailing Address 21720 Allonby Circle

City Yorba Linda State CA Zip Code 92887

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

Name of Employer Villanueva Architects, In-c. Occupation Architect

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 26 / 2009  
**Transaction ID: INC.A.6657**  
 Amount of Each Receipt this Period: 99.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1599.00**

**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 / 73
	(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)  
Friends of Joe Baca

**A.**

Full Name (Last, First, Middle Initial)  
Gregory D. Villaneuva

Mailing Address 21720 Allonby Circle

City State Zip Code  
Yorba Linda CA 92887

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

Name of Employer Villaneuva Architects, Inc.  
Occupation Architect

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 299.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6656

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Howard S. Welinsky

Mailing Address 10525 Bloomfield Street

City State Zip Code  
Toluca Lake CA 91602

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

Name of Employer Warner Brothers  
Occupation Senior Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** INC.A.6659

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	35796.00

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

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

FOR LINE NUMBER: PAGE 26 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
AFSCME, AFL-CIO, PEOPLE

Mailing Address 1625 L Street, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 9

**Transaction ID:** INC.A.6728

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
American Federation of Teachers COPE

Mailing Address 555 New Jersey Avenue, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

**Transaction ID:** INC.A.6732

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
American Hospital Association PAC

Mailing Address 325 Seventh Street, NW

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 9

**Transaction ID:** INC.A.6668

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3800.00**

**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 27 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Arrowhead Federal PAC  
Mailing Address P.O. Box 735  
City San Bernardino State CA Zip Code 92402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 10 / 19 / 2009  
Transaction ID: INC.A.6594  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
AZ PAC, sponsored by Zeneca, Inc.  
Mailing Address 1800 Concord Pike  
City Wilmington State DE Zip Code 19850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 10 / 06 / 2009  
Transaction ID: INC.A.6555  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Boeing Political Action Committee  
Mailing Address 1200 Wilson Blvd.  
City Arlington State VA Zip Code 22209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00  
Date of Receipt 12 / 16 / 2009  
Transaction ID: INC.A.6723  
Amount of Each Receipt this Period 1000.00

**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 28 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Build PAC of the Nat'l Assn. of Home Builders  
Mailing Address 1201 15th Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 3 / 2 0 0 9  
**Transaction ID:** INC.A.6591  
 Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
California Association of Mortgage Brokers PAC Federal  
Mailing Address 950 Glenn Drive, Suite 150

City State Zip Code  
Folsom CA 95630

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
448.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 9  
**Transaction ID:** INC.A.6671  
 Amount of Each Receipt this Period  
 198.00

**C.** Full Name (Last, First, Middle Initial)  
California Farm Bureau Fund to Protect the Family Farm (FARM PAC)  
Mailing Address 2300 River Plaza Drive

City State Zip Code  
Sacramento CA 95833

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 9  
**Transaction ID:** INC.A.6674  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2448.00**

**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 29 / 73  
(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)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
California Medical Association Political Action Committee  
 Mailing Address 1201 J Street, Suite 200  
 City State Zip Code  
 Sacramento CA 95814  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 4 / 2 0 0 9  
**Transaction ID:** INC.A.6672  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
CHC Bold PAC - Committe for Hispanic Causes/Building Our Leadership Diversity PAC  
 Mailing Address 1831 Bay Street, SE  
 City State Zip Code  
 Washington DC 20003  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 0 / 2 0 0 9  
**Transaction ID:** INC.A.6740  
 Amount of Each Receipt this Period  
 5000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
Comcast Corporation PAC  
 Mailing Address 1701 JFK Boulevard  
 City State Zip Code  
 Philadelphia PA 19103  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 9  
**Transaction ID:** INC.A.6729  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**  
**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 30 / 73  
(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)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Committee on Letter Carriers Political Education National Association of Letter Carriers  
Mailing Address 100 Indiana Avenue, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 2 / 2 0 0 9  
**Transaction ID:** INC.A.6607  
 Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Communications Workers of America COPE PCC  
Mailing Address 501 3rd Street, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 3 / 2 0 0 9  
**Transaction ID:** INC.A.6626  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council CULAC  
Mailing Address 601 Pennsylvania Avenue, NW, So #6

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 2 / 2 0 0 9  
**Transaction ID:** INC.A.6608  
 Amount of Each Receipt this Period  
 2000.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 73  
(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)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative Action Council CULAC  
Mailing Address 601 Pennsylvania Avenue, NW, So #6  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00  
Date of Receipt 11 / 02 / 2009  
Transaction ID: INC.A.6609  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dairy Farmers of America, Inc. DEPAC  
Mailing Address 10220 North Ambassador Drive  
City Kansas City State MO Zip Code 65153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 12 / 24 / 2009  
Transaction ID: INC.A.6725  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Deere Political Action Committee, John  
Mailing Address One John Deere Place  
City Moline State IL Zip Code 61265  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 11 / 23 / 2009  
Transaction ID: INC.A.6684  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 73  
(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)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Deloitte Federal Political Action Committee

Mailing Address P.O. Box 365

City State Zip Code  
Washington DC 20044

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** INC.A.6689

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
DRIVE Committee Political Fund

Mailing Address 25 Louisiana Avenue, NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

**Transaction ID:** INC.A.6744

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
Edison International PAC

Mailing Address 2244 Walnut Grove Avenue

City State Zip Code  
Rosemead CA 91770

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 7 / 2 0 0 9

**Transaction ID:** INC.A.6734

Amount of Each Receipt this Period  
1000.00

**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 33 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Farm Credit PAC

Mailing Address 50 F Street, NW, Suite 900

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 9

**Transaction ID:** INC.A.6627

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave., NW, #1100

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** INC.A.6685

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Holland & Knight Committee for Effective Government

Mailing Address 2099 Pennsylvania Ave., NW, #100

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 4 / 2 0 0 9

**Transaction ID:** INC.A.6702

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Honeywell International Political Action Committee  
 Mailing Address 101 Constitution Ave., NW, #500W  
 City Washington State DC Zip Code 20001  
 Date of Receipt MM / DD / YYYY 10 / 26 / 2009  
**Transaction ID:** INC.A.6600  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign PAC  
 Mailing Address 1640 Rhode Island Avenue, NW  
 City Washington State DC Zip Code 20096  
 Date of Receipt MM / DD / YYYY 11 / 18 / 2009  
**Transaction ID:** INC.A.6680  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Laborers' International Union of North America PAC(LIUNA)  
 Mailing Address 905 16th Street, NW  
 City Washington State DC Zip Code 20006  
 Date of Receipt MM / DD / YYYY 12 / 23 / 2009  
**Transaction ID:** INC.A.6745  
 Amount of Each Receipt this Period 2500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

**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 35 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees' PAC

Mailing Address 1550 Crystal Drive, #300

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

**Transaction ID:** INC.A.6724

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Management & Training Corporation Political Action Committee

Mailing Address P.O. Box 10

City State Zip Code  
Centerville UT 84014

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** INC.A.6746

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
McDonald's Political Action Committee

Mailing Address 2111 McDonald's Drive

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** INC.A.6737

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
NIGA Sovereignty PAC

Mailing Address 224 Second Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** INC.A.6588

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Owner-Operator Independent Drivers Association, Inc. Political Action Committee

Mailing Address P.O. Box 1000

City Grain Valley State MO Zip Code 64029

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

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

**Transaction ID:** INC.A.6690

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
PG&E Corporation Energy PAC

Mailing Address 77 Beale Street

City San Francisco State CA Zip Code 94177

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 1 8 / 2 0 0 9

**Transaction ID:** INC.A.6681

Amount of Each Receipt this Period  
 1000.00

**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 37 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.**

Full Name (Last, First, Middle Initial)  
Rent A Center Good Government PAC

Mailing Address 5501 Headquarters Drive

City State Zip Code  
Plano TX 75024

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: INC.A.6596

Amount of Each Receipt this Period

2400.00

**B.**

Full Name (Last, First, Middle Initial)  
Sempra Energy Employees PAC

Mailing Address 101 Ash Street

City State Zip Code  
San Diego CA 92101

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 9

Transaction ID: INC.A.6677

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Union Pacific Corporation Fund for Effective Government

Mailing Address 600 13th Street, NW, Suite 340

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 0 9

Transaction ID: INC.A.6691

Amount of Each Receipt this Period

1000.00

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

3900.00

**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 38 / 73  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.** Full Name (Last, First, Middle Initial)  
United Egg Association EGG PAC

Mailing Address 1303 Hightower Trail, Suite 200

City Atlanta State GA Zip Code 30350

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2009  
**Transaction ID: INC.A.6683**  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
US Cuba Democracy PAC

Mailing Address 1200 West 9th Street

City Hialeah State FL Zip Code 33012

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 12 / 28 / 2009  
**Transaction ID: INC.A.6730**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Verizon Communications Inc. Good Government Club

Mailing Address 1300 I Street, NW, 4th Floor

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 28 / 2009  
**Transaction ID: INC.A.6731**  
 Amount of Each Receipt this Period 4000.00

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

**TOTAL** This Period (last page this line number only) ..... ► 48898.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrukitis, Inc., David L.</p> <p>Mailing Address 50 E Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Campaign Printing</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> EXP.B.6694</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="28.96"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT &amp; T Mobility</p> <p>Mailing Address P.O. Box 60017</p> <p>City Los Angeles State CA Zip Code 90060</p> <p>Purpose of Disbursement Phone</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> EXP.B.6581</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="166.83"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT &amp; T Mobility</p> <p>Mailing Address P.O. Box 60017</p> <p>City Los Angeles State CA Zip Code 90060</p> <p>Purpose of Disbursement Phone</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> EXP.B.6612</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="164.32"/></p> <p>Category/Type: <input type="text" value="001"/></p>

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

**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)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) AT & T Mobility  Mailing Address P.O. Box 60017  City Los Angeles State CA Zip Code 90060  Purpose of Disbursement Phone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.6695 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 166.61
<b>B.</b>	Full Name (Last, First, Middle Initial) Carlos Uribe dba Uribe Printing, Inc.  Mailing Address 2900 Adams Street, #A-20  City Riverside State CA Zip Code 92504  Purpose of Disbursement Fundraising Printing Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.6617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 456.05
<b>C.</b>	Full Name (Last, First, Middle Initial) Hilton Hotels, Inc.  Mailing Address 285 East Hospitality Lane  City San Bernardino State CA Zip Code 92408  Purpose of Disbursement Fundraising Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.6592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 7602.32

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

**8224.98**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Hilton Hotels, Inc. <hr/> Mailing Address 285 East Hospitality Lane <hr/> City San Bernardino State CA Zip Code 92408 <hr/> Purpose of Disbursement Fundraising Catering 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) ▼	<b>Transaction ID:</b> EXP.B.6616 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 3439.17
<b>B.</b>	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates <hr/> Mailing Address 1300 13th Street, NW, #202 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Fundraising Shipping 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) ▼	<b>Transaction ID:</b> EXP.B.6582 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 35.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates <hr/> Mailing Address 1300 13th Street, NW, #202 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Fundraising Refreshments 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) ▼	<b>Transaction ID:</b> EXP.B.6589 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9	<b>Amount of Each Disbursement this Period</b> 87.09

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3561.26</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)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates <hr/> Mailing Address 1300 13th Street, NW, #202 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> EXP.B.6602 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 0 / 2 7 / 2 0 0 9                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">3500.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates <hr/> Mailing Address 1300 13th Street, NW, #202 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Fundraising Card Holder Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> EXP.B.6604 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 0 / 3 0 / 2 0 0 9                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">16.76</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates <hr/> Mailing Address 1300 13th Street, NW, #202 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Fundraising Travel Expenses Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> EXP.B.6603 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 0 / 3 0 / 2 0 0 9                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">470.92</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">3987.68</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates	Transaction ID: EXP.B.6686 Date of Disbursement
	Mailing Address 1300 13th Street, NW, #202	<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Consulting Candidate Name	<input type="text" value="3500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Macias, Joseph dba JMM Associates	Transaction ID: EXP.B.6727 Date of Disbursement
	Mailing Address 1300 13th Street, NW, #202	<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Consulting Candidate Name	<input type="text" value="3500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: EXP.B.6583 Date of Disbursement
	Mailing Address 30 Ivy Street, SE	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Catering Candidate Name	<input type="text" value="1637.95"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8637.95"/>
<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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Candidate 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: EXP.B.6665 Date of Disbursement 11 / 11 / 2009  Amount of Each Disbursement this Period 11.25  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) NGP Software, Inc.  Mailing Address 1225 Eye Street, NW, #1225  City Washington State DC Zip Code 20005  Purpose of Disbursement Website Maintenance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6693 Date of Disbursement 12 / 02 / 2009  Amount of Each Disbursement this Period 1950.00  Category/Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) NJB & Associates, Inc.  Mailing Address 7485 Eucalyptus Drive  City Highland State CA Zip Code 92346  Purpose of Disbursement Fundraising Consulting 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: EXP.B.6601 Date of Disbursement 10 / 27 / 2009  Amount of Each Disbursement this Period 3000.00  Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4961.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box for total)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) NJB & Associates, Inc. <hr/> Mailing Address 7485 Eucalyptus Drive <hr/> City Highland State CA Zip Code 92346 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> 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) ▼	<b>Transaction ID:</b> EXP.B.6687 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 1 / 2 5 / 2 0 0 9                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">3000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) NJB & Associates, Inc. <hr/> Mailing Address 7485 Eucalyptus Drive <hr/> City Highland State CA Zip Code 92346 <hr/> Purpose of Disbursement Fundraising Consulting Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div> 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) ▼	<b>Transaction ID:</b> EXP.B.6726 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 2 / 2 9 / 2 0 0 9                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">3000.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP <hr/> Mailing Address 555 Capitol Mall, #1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Legal & Reporting Services Candidate Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> 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) ▼	<b>Transaction ID:</b> EXP.B.6590 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      1 0 / 1 5 / 2 0 0 9                 </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">2533.66</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">8533.66</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP  Mailing Address 555 Capitol Mall, #1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Legal & Reporting 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) ▼	Transaction ID: EXP.B.6666 Date of Disbursement 11 / 13 / 2009  Amount of Each Disbursement this Period 2984.54  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Olson, Hagel & Fishburn, LLP  Mailing Address 555 Capitol Mall, #1425  City Sacramento State CA Zip Code 95814  Purpose of Disbursement Legal & Reporting 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) ▼	Transaction ID: EXP.B.6721 Date of Disbursement 12 / 15 / 2009  Amount of Each Disbursement this Period 2275.21  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Swapp Photography, Robert  Mailing Address 9545 Kennerly Street  City Temple City State CA Zip Code 91780  Purpose of Disbursement Photography for Fundraiser Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6618 Date of Disbursement 11 / 03 / 2009  Amount of Each Disbursement this Period 350.00  003 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5609.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Timeless Plaques & Awards  Mailing Address 794 A West 40th Street  City San Bernardino State CA Zip Code 92407  Purpose of Disbursement Fundraising Trophies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.6593 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9	Amount of Each Disbursement this Period  684.43
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6663 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period  79.55
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6664 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period  0.35

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>764.33</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)  
Friends of Joe Baca

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address P.O. Box 790408</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Meals with Staff</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> EXP.B.6542</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 28.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address P.O. Box 790408</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Family Member Travel</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> EXP.B.6552</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 507.48</p> <p>002 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Virgin America</p> <p>Mailing Address P.O. Box 4271</p> <p>City Burlingame State CA Zip Code 94010</p> <p>Purpose of Disbursement Family Member Travel</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> PDT.B.35</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 239.22</p> <p>002 Category/ Type</p> <p><b>[MEMO ITEM]</b></p>

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

535.48

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



B. Form/Schedule : **SB17**

Does not aggregate to \$200 for cycle

Transaction ID : **EXP.B.6552**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.

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

Transaction ID: EXP.B.6550  
Date of Disbursement

Mailing Address P.O. Box 790408

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City State Zip Code  
St. Louis MO 63179

Amount of Each Disbursement this Period

391.29
--------

Purpose of Disbursement  
Fundraising Reception

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Mimi's

Transaction ID: PDT.B.34  
Date of Disbursement

Mailing Address 16933 Sierra Lakes Parkway

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City State Zip Code  
Fontana CA 92336

Amount of Each Disbursement this Period

391.29
--------

Purpose of Disbursement  
Fundraising Reception

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

[MEMO ITEM]

C.

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

Transaction ID: EXP.B.6546  
Date of Disbursement

Mailing Address P.O. Box 790408

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

City State Zip Code  
St. Louis MO 63179

Amount of Each Disbursement this Period

217.50
--------

Purpose of Disbursement  
Fundraising Gift Certificates

003
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

608.79
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) Macy's  Mailing Address 7855 Kew Avenue  City Rancho Cucamonga State CA Zip Code 91739  Purpose of Disbursement Fundraising Gift Certificates Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">003</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: PDT.B.33 Date of Disbursement 10 / 07 / 2009  Amount of Each Disbursement this Period 217.50  <b>[MEMO ITEM]</b>
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Gift for Volunteer Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.6544 Date of Disbursement 10 / 07 / 2009  Amount of Each Disbursement this Period 31.20
C.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Candidate Travel Expenses Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span> Category/Type  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.6614 Date of Disbursement 11 / 03 / 2009  Amount of Each Disbursement this Period 655.19

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

686.39

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

B. Form/Schedule : **SB17**

Does not aggregate to \$200 for cycle

Transaction ID : **EXP.B.6544**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<p><b>A.</b> Full Name (Last, First, Middle Initial) Prime Executive Cars</p> <p>Mailing Address 20925 Roscoe Blvd., #7</p> <p>City Canoga Park State CA Zip Code 91304</p> <p>Purpose of Disbursement Candidate Travel Expenses 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> EDT.B.131 <b>Date of Disbursement</b> 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 370.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd.</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Candidate Travel Expenses 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> EDT.B.130 <b>Date of Disbursement</b> 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 278.20</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) U.S. Bank</p> <p>Mailing Address P.O. Box 790408</p> <p>City St. Louis State MO Zip Code 63179</p> <p>Purpose of Disbursement Staff Member Travel 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> EXP.B.6615 <b>Date of Disbursement</b> 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 469.76</p>

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

469.76

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: EDT.B.132 Date of Disbursement 11 / 03 / 2009
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 444.91
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Staff Member Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: EXP.B.6613 Date of Disbursement 11 / 03 / 2009
	Mailing Address P.O. Box 790408	Amount of Each Disbursement this Period 489.85
	City St. Louis State MO Zip Code 63179	
	Purpose of Disbursement Meals with Staff Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Subway - Washington DC	Transaction ID: EDT.B.133 Date of Disbursement 11 / 03 / 2009
	Mailing Address 406 1st Street, South East	Amount of Each Disbursement this Period 303.60
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Meals with Staff Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	489.85
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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: EXP.B.6711 Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period 55.60  001 Category/Type
B.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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: EXP.B.6709 Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period 0.03  001 Category/Type
C.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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: EXP.B.6710 Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period 32.00  001 Category/Type

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

**87.63**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 73

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6712 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period  65.00
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6772 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period  54.90
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6773 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period  99.14

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

219.04

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6771 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period  1.40
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Bank 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) ▼	<b>Transaction ID:</b> EXP.B.6770 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period  11.51
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Membership Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> EXP.B.6700 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period  156.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>168.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

C. Form/Schedule : **SB17**

Does not aggregate to \$200 for cycle

Transaction ID : **EXP.B.6700**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Fundraising Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.6701 Date of Disbursement 12 / 04 / 2009  Amount of Each Disbursement this Period 1120.70  003 Category/ Type
B.	Full Name (Last, First, Middle Initial) Tortilla Coast Catering, Inc.  Mailing Address 400 First Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Fundraising Catering Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EDT.B.137 Date of Disbursement 12 / 04 / 2009  Amount of Each Disbursement this Period 1120.70  003 Category/ Type  <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Candidate Travel Credit 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: EXP.B.6698 Date of Disbursement 12 / 04 / 2009  Amount of Each Disbursement this Period -847.40  002 Category/ Type

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

**273.30**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address 1600 Smith Street <hr/> City Houston State TX Zip Code 77002 <hr/> Purpose of Disbursement Candidate Travel Credit 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: EDT.B.136 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period -847.40
<b>B.</b>	Full Name (Last, First, Middle Initial) U.S. Bank <hr/> Mailing Address P.O. Box 790408 <hr/> City St. Louis State MO Zip Code 63179 <hr/> Purpose of Disbursement Phone 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: EXP.B.6696 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 109.92
<b>C.</b>	Full Name (Last, First, Middle Initial) U.S. Bank <hr/> Mailing Address P.O. Box 790408 <hr/> City St. Louis State MO Zip Code 63179 <hr/> Purpose of Disbursement Meals with Staff 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: EXP.B.6699 Date of Disbursement 12 / 04 / 2009	Amount of Each Disbursement this Period 548.06

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>657.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

B. Form/Schedule : **SB17**

Does not aggregate to \$200 for cycle

Transaction ID : **EXP.B.6696**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) El Torito	Transaction ID: EDT.B.139 Date of Disbursement 1 2 / 0 4 / 2 0 0 9
	Mailing Address 770 South Seaward Avenue	Amount of Each Disbursement this Period 246.91
	City Ventura State CA Zip Code 93001	
	Purpose of Disbursement Meals with Staff Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) J C Enterprises, Inc., dba Hunan Dynasty Restaurant	Transaction ID: EDT.B.138 Date of Disbursement 1 2 / 0 4 / 2 0 0 9
	Mailing Address 215 Pennsylvania Avenue SE, 2nd Fl	Amount of Each Disbursement this Period 121.15
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Meals with Staff Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: EXP.B.6697 Date of Disbursement 1 2 / 0 4 / 2 0 0 9
	Mailing Address P.O. Box 790408	Amount of Each Disbursement this Period 947.40
	City St. Louis State MO Zip Code 63179	
	Purpose of Disbursement Candidate Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	947.40
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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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)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address 1600 Smith Street <hr/> City Houston State TX Zip Code 77002 <hr/> Purpose of Disbursement Candidate Travel 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: EDT.B.134 Date of Disbursement 12 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 867.40 <hr/> [MEMO ITEM]
<b>B.</b>	Full Name (Last, First, Middle Initial) Prime Executive Cars <hr/> Mailing Address 20925 Roscoe Blvd., #7 <hr/> City Canoga Park State CA Zip Code 91304 <hr/> Purpose of Disbursement Candidate Travel 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: EDT.B.135 Date of Disbursement 12 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 80.00 <hr/> [MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) US Postmaster - Highland <hr/> Mailing Address 27169 Baseline Street <hr/> City Highland State CA Zip Code 92346 <hr/> Purpose of Disbursement Fundraising Postage 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: EXP.B.6722 Date of Disbursement 12 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 660.00

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

660.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon California</p> <p>Mailing Address P.O. Box 9688</p> <p>City Mission Hills State CA Zip Code 91346</p> <p>Purpose of Disbursement Phone</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> EXP.B.6536</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 186.76</p> <p>001 Category/Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon California</p> <p>Mailing Address P.O. Box 9688</p> <p>City Mission Hills State CA Zip Code 91346</p> <p>Purpose of Disbursement Phone</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> EXP.B.6610</p> <p>Date of Disbursement 11 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 204.71</p> <p>001 Category/Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon California</p> <p>Mailing Address P.O. Box 9688</p> <p>City Mission Hills State CA Zip Code 91346</p> <p>Purpose of Disbursement Phone</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> EXP.B.6707</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 179.10</p> <p>001 Category/Type</p>

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

570.57

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 73

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Transaction ID: EXP.B.6611  
Date of Disbursement

Mailing Address P.O. Box 9622

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	9

City Mission Hills State CA Zip Code 91346

Amount of Each Disbursement this Period

89.97
-------

Purpose of Disbursement  
Phone

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

89.97
-------

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

51106.04
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# 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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bocciari for Congress</p> <p>Mailing Address 50 E Street, SE, #1</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Bocciari for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 16</p>	<p><b>Transaction ID:</b> EXP.B.6715 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>1 2</td> <td>1 1</td> <td>2 0</td> <td>0 9</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M M	D D	Y Y	Y Y	1 2	1 1	2 0	0 9	1000.00
M M	D D	Y Y	Y Y							
1 2	1 1	2 0	0 9							
1000.00										
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dahlkemper for Congress, Kathy</p> <p>Mailing Address P.O. Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Dahlkemper for Congress, Kathy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 03</p>	<p><b>Transaction ID:</b> EXP.B.6717 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>1 2</td> <td>1 1</td> <td>2 0</td> <td>0 9</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M M	D D	Y Y	Y Y	1 2	1 1	2 0	0 9	1000.00
M M	D D	Y Y	Y Y							
1 2	1 1	2 0	0 9							
1000.00										
<p><b>C.</b> Full Name (Last, First, Middle Initial) Heinrich for Congress, Martin</p> <p>Mailing Address 499 South Capitol Street, SW, #422</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Heinrich for Congress, Martin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NM District: 01</p>	<p><b>Transaction ID:</b> EXP.B.6718 <b>Date of Disbursement</b>  <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">M M</td> <td style="width: 25%;">D D</td> <td style="width: 25%;">Y Y</td> <td style="width: 25%;">Y Y</td> </tr> <tr> <td>1 2</td> <td>1 1</td> <td>2 0</td> <td>0 9</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M M	D D	Y Y	Y Y	1 2	1 1	2 0	0 9	1000.00
M M	D D	Y Y	Y Y							
1 2	1 1	2 0	0 9							
1000.00										

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) Mitchell for Congress, Harry	Transaction ID: EXP.B.6719 Date of Disbursement
	Mailing Address P.O. Box 23748	<input type="text" value="12"/> <input type="text" value="11"/> <input type="text" value="2009"/>
	City Tempe State AZ Zip Code 85258	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Mitchell for Congress, Harry	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nye , Friends of Glenn	Transaction ID: EXP.B.6720 Date of Disbursement
	Mailing Address P.O. Box 68444	<input type="text" value="12"/> <input type="text" value="11"/> <input type="text" value="2009"/>
	City Virginia Beach State VA Zip Code 23471	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Nye , Friends of Glenn	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Schauer for Congress	Transaction ID: EXP.B.6713 Date of Disbursement
	Mailing Address P.O. Box 100	<input type="text" value="12"/> <input type="text" value="11"/> <input type="text" value="2009"/>
	City Battle Creek State MI Zip Code 49016	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Schauer for Congress	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.

Full Name (Last, First, Middle Initial)  
Waltz for Congress, Tim

Mailing Address 209 Pennsylvania, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
Waltz for Congress, Tim

Office Sought:  House  
 Senate  
 President  
State: KY District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP.B.6716  
Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

7000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Carlos Uribe dba Uribe Printing, Inc.			Nature of Debt (Purpose): Campaign Printing
Mailing Address 2900 Adams Street, #A-20			
City Riverside	State CA	ZIP Code 92504	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:6781</b>	
Amount Incurred This Period <input type="text" value="1117.94"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1117.94"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Ross Communications, Inc.			Nature of Debt (Purpose): Campaign Consulting
Mailing Address 1700 L Street			
City Sacramento	State CA	ZIP Code 95811	

Outstanding Balance Beginning This Period <input type="text" value="700.00"/>		<b>Transaction ID: PAY:D:5734</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="700.00"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Ross Communications, Inc.			Nature of Debt (Purpose): Campaign Consulting
Mailing Address 1700 L Street			
City Sacramento	State CA	ZIP Code 95811	

Outstanding Balance Beginning This Period <input type="text" value="10000.00"/>		<b>Transaction ID: PAY:D:5960</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="11817.94"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

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

Outstanding Balance Beginning This Period <input type="text" value="507.48"/>		<b>Transaction ID: PAY:D:6531</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="507.48"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="28.00"/>		<b>Transaction ID: PAY:D:6532</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="28.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="391.29"/>		<b>Transaction ID: PAY:D:6533</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="391.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

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

Outstanding Balance Beginning This Period <input type="text" value="31.20"/>		<b>Transaction ID: PAY:D:6534</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="31.20"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="217.50"/>		<b>Transaction ID: PAY:D:6535</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="217.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		<b>Transaction ID: PAY:D:6750</b>	
Amount Incurred This Period <input type="text" value="31.20"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="31.20"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="31.20"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 72 / 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Joe Baca

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:6751</b>	
Amount Incurred This Period 345.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 345.47

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:6752</b>	
Amount Incurred This Period 1014.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1014.50

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

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: PAY:D:6753</b>	
Amount Incurred This Period 86.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 86.10

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	1446.07
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	



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

(Use separate schedule(s) for each numbered line)	PAGE 73 / 73
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Friends of Joe Baca

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

Outstanding Balance Beginning This Period		<b>Transaction ID: PAY:D:6754</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1200.95	0.00	1200.95	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1200.95
2) <b>TOTALS</b> This Period (last page this line number only).....	14496.16
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	14496.16