

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Tim Prince For Congress

ADDRESS (number and street) Po Box 12011

Check if different than previously reported. (ACC)

San Bernardino CA 92423

2. **FEC IDENTIFICATION NUMBER** C00441097

CITY STATE ZIP CODE STATE DISTRICT

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

CA 41

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

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

Convention (12C) Special (12S)

Election on _____ in the State of _____

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

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

Election on 11 04 2008 in the State of CA

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 12 05 2008

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

Office Use Only								FEC FORM 3 (Revised 02/2003)
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Tim Prince For Congress

Report Covering the Period:

From:

M M
1 0

D D
1 6

Y Y Y Y
2 0 0 8

To:

M M
1 1

D D
2 4

Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	4551.00	29215.51
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4551.00	29215.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	35884.82	118040.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	600.00	253.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35284.82	117786.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9104.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	131002.10	

For further information contact:

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

**POST-ELECTION DETAILED
SUMMARY PAGE**
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Tim Prince For Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
2050.00	13263.10	400.00																																																
(ii) Unitemized																																																		
1946.00	13168.00	1186.00																																																
(iii) Total of contributions from individuals																																																		
3996.00	26431.10	1586.00																																																
(b) Political Party Committees																																																		
0.00	0.00	0.00																																																
(c) Other Political Committees																																																		
555.00	2234.08	555.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	550.33	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
4551.00	29215.51	2141.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	100000.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	100000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
600.00	253.57	600.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.12	207.83	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
5151.12	129676.91	2741.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Tim Prince For Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
35884.82	118040.35	2447.78
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

15.00	2810.00	15.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

35899.82	120850.35	2462.78
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

4551.00	29215.51	2141.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

35284.82	117786.78	1847.78
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	39853.48
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	5151.12
25. SUBTOTAL(add Line 23 and Line 24)	45004.60
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	35899.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	9104.78

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 7 / 26
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A. Full Name (Last, First, Middle Initial)
Dennis J Baxter

Mailing Address 327 E 17th St

City San Bernardino State CA Zip Code 92404

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

Name of Employer KCAA Radio AM 1050 Occupation General Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 500.00

Transaction ID: SA11ai00000000602269

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

B. Full Name (Last, First, Middle Initial)
Fontana Democratic Club

Mailing Address PO Box 944

City Fontana State CA Zip Code 92334

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 100.00

Transaction ID: SA11ai00000000613521

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

C. Full Name (Last, First, Middle Initial)
Nancy Koller

Mailing Address 440 E Crescent Av

City Redlands State CA Zip Code 92373

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 25.00

Transaction ID: SA11ai00000000614157

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

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A.	Full Name (Last, First, Middle Initial) Jeannie Lindberg		Date of Receipt MM / DD / YYYY 11 / 02 / 2008
	Mailing Address 57090 Twentynine Palms Highway		Transaction ID: SA11ai00000000614148
	City Yucca Valley	State CA	Zip Code 92284
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer Town Of Yucca Valley	Occupation Administrative Assistant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 224.00		

B.	Full Name (Last, First, Middle Initial) Alexine Prince		Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 3140 Valencia Av		Transaction ID: SA11ai00000000613515
	City San Bernardino	State CA	Zip Code 92404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

C.	Full Name (Last, First, Middle Initial) Renee Prince		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 3140 Valencia Av		Transaction ID: SA11ai00000000605712
	City San Bernardino	State CA	Zip Code 92404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Cal State San Bernardino	Occupation Grad Student	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1099.00		

SUBTOTAL of Receipts This Page (optional)	▶	1425.00
TOTAL This Period (last page this line number only)	▶	2050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 26			
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial) Democrats Of Hemet-San Jacinto		Date of Receipt MM / DD / YYYY 11 / 12 / 2008
Mailing Address 41285 Crest Dr		Transaction ID: SA11c00000000613513
City Hemet	State Zip Code CA 92544	
FEC ID number of contributing federal political committee. C C00452623		Amount of Each Receipt this Period 355.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 355.00	

B.

Full Name (Last, First, Middle Initial) Obama For America		Date of Receipt MM / DD / YYYY 11 / 12 / 2008
Mailing Address PO Box 8102		Transaction ID: SA11c00000000613518
City Chicago	State Zip Code IL 60680	
FEC ID number of contributing federal political committee. C C00431445		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	555.00
TOTAL This Period (last page this line number only)	555.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A.	Full Name (Last, First, Middle Initial) Calimesa Breakfast Lions		Date of Receipt
	Mailing Address Po Box 312		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Calimesa	CA	92320
	FEC ID number of contributing federal political committee.		Transaction ID: SA140000000000613571
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="600.00"/>
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		Refund
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="600.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="600.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial)
1st Valley Credit Union

Mailing Address 401 West 2nd Street

City State Zip Code
San Bernardino CA 92401

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
461.40

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 1 / 2 0 0 8

Transaction ID: SA150000000000614267

Amount of Each Receipt this Period
0.12

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

SUBTOTAL of Receipts This Page (optional)	▶	0.12
TOTAL This Period (last page this line number only)	▶	0.12

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 12 / 26

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

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

<p>A. Full Name (Last, First, Middle Initial) Sam Clauder</p> <p>Mailing Address 104 E State St #K</p> <p>City Redlands State CA Zip Code 92373</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17000000000606259</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="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="650.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Durkee & Associates</p> <p>Mailing Address 1212 S. Victory Blvd.</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Accounting & reporting services</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>Transaction ID: SB17000000000603251</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="476.57"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Oxford Data & Mail Services</p> <p>Mailing Address 469 San Remo Av</p> <p>City San Jacinto State CA Zip Code 92582</p> <p>Purpose of Disbursement Mail processing</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>Transaction ID: SB17000000000603248</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2450.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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 13 / 26

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

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

<p>A. Full Name (Last, First, Middle Initial) Oxford Data & Mail Services</p> <p>Mailing Address 469 San Remo Av</p> <p>City San Jacinto State CA Zip Code 92582</p> <p>Purpose of Disbursement Mail processing</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>Transaction ID: SB17000000000605641</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Oxford Data & Mail Services</p> <p>Mailing Address 469 San Remo Av</p> <p>City San Jacinto State CA Zip Code 92582</p> <p>Purpose of Disbursement Mail processing</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>Transaction ID: SB17000000000608960</p> <p>Date of Disbursement 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2097.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Printing & Promotions Plus</p> <p>Mailing Address 930 S Mt Vernon Ave</p> <p>City Colton State CA Zip Code 92324</p> <p>Purpose of Disbursement Printing of postcards</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>Transaction ID: SB17000000000603246</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3692.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7190.21

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A.	Full Name (Last, First, Middle Initial) David Raley Mailing Address 1350 E Highland Av City Redlands State CA Zip Code 92374 Purpose of Disbursement Mailer printing reimbursement 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: SB17000000000605643 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 3225.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Printing & Promotions Plus Mailing Address 930 S Mt Vernon Ave City Colton State CA Zip Code 92324 Purpose of Disbursement 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) ▼	Transaction ID: SB1700000000020506 Date of Disbursement 10 / 17 / 2008 Amount of Each Disbursement this Period 3225.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Time Warner Cable Mailing Address 9260 Topanga Cyn Bl City Chatsworth State CA Zip Code 91311 Purpose of Disbursement TV Advertising 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: SB17000000000605646 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 2000.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5225.84
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 5800 W Century Blvd <hr/> City Los Angeles State CA Zip Code 90009 <hr/> Purpose of Disbursement Postage for mailer 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: SB17000000000603249 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 7250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 5800 W Century Blvd <hr/> City Los Angeles State CA Zip Code 90009 <hr/> Purpose of Disbursement Postage for mailer 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: SB17000000000605644 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 8000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) US Postmaster <hr/> Mailing Address 5800 W Century Blvd <hr/> City Los Angeles State CA Zip Code 90009 <hr/> Purpose of Disbursement Postage for mailer 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: SB17000000000605645 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

19250.00

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

35242.62

**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 16 / 26

<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)
Tim Prince For Congress

A.

Full Name (Last, First, Middle Initial)
Democratic Luncheon Club Of San Bernardino

Transaction ID: SB21000000000614690

Mailing Address Po Box 451

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		1	4		2	0	0	8

City San Bernardino State CA Zip Code 92402

Amount of Each Disbursement this Period

15.00

Purpose of Disbursement
Dues

011
Category/
Type

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

Candidate Name
Democratic Luncheon Club Of San Bernardino

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

15.00

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Tim Prince For Congress

Transaction ID: SC/10000000000001087

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90000.00	0.00	90000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 31 Y Y Y Y 2008	N/A	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional)	▶	90000.00
TOTALS This Period (last page in this line only)	▶	.00

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

SCHEDULE C (FEC Form 3)

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

LOANS

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

NAME OF COMMITTEE (In Full)
Tim Prince For Congress

Transaction ID: SC/10000000000001061

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

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional)	▶	10000.00
TOTALS This Period (last page in this line only)	▶	100000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 / 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Tim Prince For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Professional services for accounting
Mailing Address 1212 S. Victory Blvd.	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 476.57	Transaction ID: SD100000000000007416	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 476.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Professional services for accounting
Mailing Address 1212 S. Victory Blvd.	
City Burbank State CA ZIP Code 91502	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD100000000000007576	
Amount Incurred This Period 151.06	Payment This Period 0.00	Outstanding Balance at Close of This Period 151.06

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Impact Placement	Nature of Debt (Purpose): campaign signs
Mailing Address 22431 Antonio Pkwy	
City Rancho Santa Marga State CA ZIP Code 92688	

Outstanding Balance Beginning This Period 185.00	Transaction ID: SD100000000000007417	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 185.00

1) SUBTOTALS This Period This Page (optional).....	812.63
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Tim Prince For Congress

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

Outstanding Balance Beginning This Period <input type="text" value="1723.38"/>		Transaction ID: SD10000000000006574	
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="1723.38"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Minuteman Press			Nature of Debt (Purpose): Sign placements
Mailing Address 16663 Roscoe Bl			
City North Hills	State CA	ZIP Code 91343	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD10000000000007578	
Amount Incurred This Period <input type="text" value="161.63"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="161.63"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="853.38"/>		Transaction ID: SD10000000000006572	
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="853.38"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2738.39"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)
Tim Prince For Congress

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: SD100000000000007574	
Amount Incurred This Period <input type="text" value="25940.93"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25940.93"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="106.11"/>		Transaction ID: SD100000000000006573	
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="106.11"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="22.00"/>		Transaction ID: SD100000000000006575	
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="22.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="26069.04"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)
Tim Prince For Congress

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

Outstanding Balance Beginning This Period 25.00		Transaction ID: SD100000000000006577	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25.00	

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

Outstanding Balance Beginning This Period 15.00		Transaction ID: SD100000000000006576	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Raley, David E.			Nature of Debt (Purpose): Reimbursement of office expenses
Mailing Address 1350 E Highland Av			
City Redlands	State CA	ZIP Code 92374	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD100000000000007575	
Amount Incurred This Period 1342.04	Payment This Period 0.00	Outstanding Balance at Close of This Period 1342.04	

1) SUBTOTALS This Period This Page (optional).....	▶	1382.04
2) TOTALS This Period (last page this line number only).....	▶	31002.10
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	10000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	131002.10

Image# 28935121394

Form/Schedule: **D**

Transaction ID: **SD10000000000006576**

Highland Chamber of Commerce - \$15.00

Form/Schedule: **D**

Transaction ID: **SD10000000000006577**

Loma Linda Chamber of Commerce - \$25.00

Image# 28935121395

Form/Schedule: **D**

Transaction ID: **SD10000000000007574**

US Postmaster - \$17744.53 Printing & Promotion Plus - \$4256.40 Zoom Mailing - \$3940.00

Form/Schedule: **D**

Transaction ID: **SD10000000000006575**

US Postmaster - \$22.00

Image# 28935121396

Form/Schedule: **C**

Transaction ID: **SC/1000000000001061**

TESTING THE WATERS

Form/Schedule: **D**

Transaction ID: **SD10000000000006572**

US Airways - 458.59 United Airlines - \$458.59

Image# 28935121397

Form/Schedule: D

Hilton Hotel - \$1723.38

Transaction ID: SD10000000000006574
