

# 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

CA 43

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

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 05 15 2008 through 06 30 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 Joe Baca

Signature of Treasurer Electronically Filed by Joe Baca Date 10 09 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Joe Baca

Report Covering the Period:

From: 

M	M
0	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

To: 

M	M
0	6

D	D
3	0

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)).....	127019.20	769501.78
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	8505.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	126519.20	760996.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	109156.88	631115.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4416.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	109156.88	626698.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	101149.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	42515.52	

**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
0	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

40428.20

291875.93

(ii) Unitemized.....

1791.00

14087.50

(iii) TOTAL of contributions

42219.20

305963.43

from individuals..... ▶

0.00

100.85

(b) Political Party Committees.....

84800.00

463437.50

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

127019.20

769501.78

(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

4416.35

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

2164.17

4177.21

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

129183.37

778095.34

**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.....	109156.88	631115.05
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.....	500.00	4950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3555.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	8505.00
21. OTHER DISBURSEMENTS.....	3600.00	60536.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>113256.88</b>	<b>700156.05</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	85222.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	129183.37
25. SUBTOTAL (add Line 23 and Line 24).....	214406.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	113256.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	101149.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 68
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Agua Caliente Band of Cahuilla Indians		Date of Receipt
	Mailing Address 5401 Dinah Shore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 01 / 2008
	City	State	Zip Code
	Palm Springs	CA	92264
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.5412
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 4600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amador Guillen Aguillen		Date of Receipt
	Mailing Address P.O. Box 15506		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 24 / 2008
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.5358
Name of Employer Ogilvy Government Relations		Occupation Senior Vice President	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 500.00
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Donald R. Alvarez		Date of Receipt
	Mailing Address 20320 Wren Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 01 / 2008
	City	State	Zip Code
	Grand Terrace	CA	92313
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.5414
Name of Employer San Bernardino County		Occupation Judge	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<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: (check only one)	PAGE 6 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Ramon Alvarez		Date of Receipt
	Mailing Address 7370 Corinthian Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Riverside	CA	92506
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.5392
Name of Employer Alvarez Lincoln Mercury Jaguar		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Aspril		Date of Receipt
	Mailing Address P.O. Box 1318		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Lake Elsinore	CA	92531
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.5389
Name of Employer Best Efforts		Occupation Best Efforts	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Deen Bakshi		Date of Receipt
	Mailing Address 14250 Central Avenue, No. A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Chino	CA	91710
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: INC.A.5417
Name of Employer Best Efforts		Occupation Best Efforts	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<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 7 / 68

(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)  
Jesus Fernando Barrueta

Mailing Address 1800 Old Meadow Road, #522

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hispanic College Fund, In- President and CEO  
c.

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2008

**Transaction ID:** INC.A.5341

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jesus Cardenas Jr.

Mailing Address 4725 Archibald Avenue

City State Zip Code  
Rancho Cucamonga CA 91737

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cardenas Markets, Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2008

**Transaction ID:** INC.A.5402

Amount of Each Receipt this Period  
2300.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Jesus Cardenas

Mailing Address 1040 South Vintage Avenue, Suite A

City State Zip Code  
Ontario CA 91761

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cardenas Markets, Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2008

**Transaction ID:** INC.A.5406

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 5600.00

**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 / 68
	<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) Jose Cardenas		Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 4725 Archibald Avenue		<b>Transaction ID:</b> INC.A.5401
	City Alta Loma	State CA	Zip Code 91737
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Cardenas Market	Occupation Chief Executive Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Luz Cardenas		Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 1040 South Vintage Avenue, Suite A		<b>Transaction ID:</b> INC.A.5403
	City Ontario	State CA	Zip Code 91761
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Cardenas Markets, Inc.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Oscar M. Cerna		Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 2 Grove Isle Drive, Apt. 1110		<b>Transaction ID:</b> INC.A.5351
	City Coconut Grove	State FL	Zip Code 33133
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer CEMAR	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6900.00
<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 9 / 68  
(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)  
Laura Dangermond  
Mailing Address P.O. Box 7555  
City Redlands State CA Zip Code 92375  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Best Efforts Occupation Best Efforts  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 05 / 27 / 2008  
Transaction ID: INC.A.5364  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Angel Diaz  
Mailing Address 501 High Street  
City Delano State CA Zip Code 93215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 05 / 28 / 2008  
Transaction ID: INC.A.5368  
Amount of Each Receipt this Period 2100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Angel Diaz  
Mailing Address 501 High Street  
City Delano State CA Zip Code 93215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
Date of Receipt 05 / 28 / 2008  
Transaction ID: INC.A.5371  
Amount of Each Receipt this Period 200.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00  
**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 10 / 68  
(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 Diaz  
 Mailing Address P.O. Box 91709  
 City State Zip Code  
 Chino Hills CA 91709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Best Efforts Best Efforts  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ingrid M. Duran  
 Mailing Address 3520 Maple Court  
 City State Zip Code  
 Falls Church VA 22041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 D & P Creative Strategies Co-Founder  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Alejandro Espinoza  
 Mailing Address 1743 South Jasmine Court  
 City State Zip Code  
 Ontario CA 91762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 California Capitol President  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 11 / 68</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Jimmy A. Espinoza	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 1759 South Jasmine Court	<b>Transaction ID:</b> INC.A.5468
	City State Zip Code Ontario CA 91762	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Century 21 Real Estate Broker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan Marie Gonzales	Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 33 Park Terrace	<b>Transaction ID:</b> INC.A.5496
	City State Zip Code Mill Valley CA 94941	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Comcast Director	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Salma Haider	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address P.O. Box 2978	<b>Transaction ID:</b> INC.A.5354
	City State Zip Code Riverside CA 92516	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Haider Spine Center Public Relations Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Salma Haider	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address P.O. Box 2978	<b>Transaction ID:</b> INC.A.5355
	City State Zip Code Riverside CA 92516	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Haider Spine Center Public Relations Director	
	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas T. Haider	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address P.O. Box 2978	<b>Transaction ID:</b> INC.A.5353
	City State Zip Code Riverside CA 92516	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Haider Spine Center Physician	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Mickey Ibarra	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 1140 Connecticut Ave., NW, Ste. 11	<b>Transaction ID:</b> INC.A.5346
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Ibarra & Associates President/Co-Founder	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3100.00
<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 13 / 68  
(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)  
Mickey Ibarra

Mailing Address 1140 Connecticut Ave., NW, Ste. 11

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Ibarra & Associates President/Co-Founder

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00

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

**Transaction ID:** INC.A.5347

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Brendan Kelsay

Mailing Address 210 South Cleveland Street

City State Zip Code  
Arlington VA 22204

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Clear Channel Government Affairs

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

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

**Transaction ID:** INC.A.5359

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mark Magana

Mailing Address 801 Pennsylvania Avenue, NW, #1010

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hispanic Strategy Group Government Affairs Consultant

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

**Transaction ID:** INC.A.5393

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 68  
(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
							15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

**A.**

Full Name (Last, First, Middle Initial)  
Daniel C. Maldonado

Mailing Address 8809 Potomac Station Lane

City Potomac State MD Zip Code 20854

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

Name of Employer Marc Associates, Inc. Occupation Chief Executive Officer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 06 / 03 / 2008

Transaction ID: INC.A.5410

Amount of Each Receipt this Period 1000.00

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

**B.**

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

Mailing Address 1901 L Street, NW, Suite 802

City Washington State DC Zip Code 20036

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

Name of Employer Tonio Burgos & Associates, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2550.00

Date of Receipt 05 / 21 / 2008

Transaction ID: INC.A.5344

Amount of Each Receipt this Period 750.00

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

**C.**

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

Mailing Address 1901 L Street, NW, Suite 802

City Washington State DC Zip Code 20036

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

Name of Employer Tonio Burgos & Associates, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2550.00

Date of Receipt 05 / 21 / 2008

Transaction ID: INC.A.5345

Amount of Each Receipt this Period 250.00

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

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

**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 15 / 68
	<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) Catherine M. Pino	Date of Receipt MM / DD / YYYY 05 / 21 / 2008
	Mailing Address 3520 Maple Court	<b>Transaction ID:</b> INC.A.5510
	City State Zip Code Falls Church VA 22041	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer D & P Creative Strategies, LLC	Occupation Co-Founder	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Max E. Salas	Date of Receipt MM / DD / YYYY 06 / 19 / 2008
	Mailing Address 1610 Riggs Place, NW	<b>Transaction ID:</b> INC.A.5500
	City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cornet Technology	Occupation VP, Corporate Development	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vanessa Salazar	Date of Receipt MM / DD / YYYY 05 / 31 / 2008
	Mailing Address 310 North Lancewood Avenue	<b>Transaction ID:</b> INC.A.5404
	City State Zip Code Rialto CA 92376	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Pomona Valley Hospital	Occupation Nurse	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 68  
(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)  
Salt River Pima-Maricopa Indian Community

Mailing Address 10005 East Osborn Road

City State Zip Code  
Scottsdale AZ 85256

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2008

**Transaction ID:** INC.A.5349

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Paul Shimoff

Mailing Address 12912 Hillary Way

City State Zip Code  
Redlands CA 92372

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
McPeters McAlearney Shimo-ff & Hatt Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1325.00

Date of Receipt 05 / 30 / 2008

**Transaction ID:** INC.A.5388

Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles W. Stenholm

Mailing Address 616 E Street, Northwest, #1154

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
US House of Representatives Congressman

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2008

**Transaction ID:** INC.A.5360

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 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 17 / 68

(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)  
Raul R. Tapia

Mailing Address 1200 New Hampshire Ave. NW , Ste.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C

Name of Employer Murray Scheer et al Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1828.20

Date of Receipt 05 / 21 / 2008

**Transaction ID:** NON.A.5593

Amount of Each Receipt this Period 1828.20

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

**B.**

Full Name (Last, First, Middle Initial)  
Dan C. Tate

Mailing Address 4510 Wetherill Road

City Bethesda State MD Zip Code 20816

FEC ID number of contributing federal political committee. C

Name of Employer Capitol Solutions Occupation Consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 05 / 21 / 2008

**Transaction ID:** INC.A.5391

Amount of Each Receipt this Period 500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Liza Torkan

Mailing Address 6931 Stanford Avenue

City Los Angeles State CA Zip Code 90001

FEC ID number of contributing federal political committee. C

Name of Employer Torkan & Torkan Law Office Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2008

**Transaction ID:** INC.A.5435

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2828.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Walter Ulloa	Date of Receipt MM / DD / YYYY 06 / 01 / 2008
	Mailing Address 15304 Sunset Blvd., Ste. 206	<b>Transaction ID:</b> INC.A.5436
	City State Zip Code Pacific Palisades CA 90272	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Entravision Communications Corporation Media Executive Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Guillermo Valenzuela, M.D.	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 1208 West Sunset Drive	<b>Transaction ID:</b> INC.A.5397
	City State Zip Code Redlands CA 92373	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation G. Valenzuela, Obstetrics & Gynecology Physician Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	3300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Guillermo Valenzuela, M.D.	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 1208 West Sunset Drive	<b>Transaction ID:</b> INC.A.5396
	City State Zip Code Redlands CA 92373	Amount of Each Receipt this Period 1300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation G. Valenzuela, Obstetrics & Gynecology Physician Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	3300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2550.00
<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 19 / 68	
	(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)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.5390

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	40428.20

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 68  
(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)  
A&B FEDPAC (Alexander & Baldwin Inc.)  
Mailing Address P.O. Box 3440

City Honolulu State HI Zip Code 96801

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 25 / 2008  
**Transaction ID:** INC.A.5501  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Association for Justice Political Action Committee  
Mailing Address 1050 31st Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt: 06 / 19 / 2008  
**Transaction ID:** INC.A.5493  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Dental Political Action Committee  
Mailing Address 1111-14th Street, NW, Suite 1100

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt: 05 / 27 / 2008  
**Transaction ID:** INC.A.5357  
Amount of Each Receipt this Period: 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68  
(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)  
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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** INC.A.5365

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Amgen Political Action Committee  
Mailing Address One Amgen Center Drive

City State Zip Code  
Thousand Oaks CA 91320

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 8

**Transaction ID:** INC.A.5494

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch PAC (AB-PAC)  
Mailing Address One Busch Place

City State Zip Code  
St. Louis MO 63118

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** INC.A.5342

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 68  
(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)  
Bank of America Corporation Political Action Committee

Mailing Address 100 Tryon Street

City State Zip Code  
Charlotte NC 28255

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

Transaction ID: INC.A.5503

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P.O. Box 261060

City State Zip Code  
Los Angeles CA 90026

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2008

Transaction ID: INC.A.5350

Amount of Each Receipt this Period  
2000.00

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

**C.** 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: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: INC.A.5387

Amount of Each Receipt this Period  
2000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 68  
(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 Dairies, Inc. Federal Political Action Committee  
Mailing Address P.O. Box 2198

City State Zip Code  
Los Banos CA 93635

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** INC.A.5325

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
California Dairies, Inc. Federal Political Action Committee  
Mailing Address P.O. Box 2198

City State Zip Code  
Los Banos CA 93635

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** INC.A.5326

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Chicago Board Options Exchange PAC  
Mailing Address 400 South La Salle Street

City State Zip Code  
Chicago IL 60605

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** INC.A.5516

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 68  
(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)  
Chrysler Service Contracts, Inc. Political Support Committee

Mailing Address 1000 Chrysler Drive, CIMS 485-10-9

City Auburn Hills State MI Zip Code 48326

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 20 / 2008  
**Transaction ID:** INC.A.5487  
 Amount of Each Receipt this Period 3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Clay Jr. for Congress

Mailing Address P.O. Box 4544

City St. Louis State MO Zip Code 63108

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 15 / 2008  
**Transaction ID:** INC.A.5321  
 Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Comcast Corporation PAC

Mailing Address 1500 Market Street

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt 06 / 26 / 2008  
**Transaction ID:** INC.A.5505  
 Amount of Each Receipt this Period 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**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 25 / 68
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee on Letter Carriers Political Education National Association of Letter Carriers	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 100 Indiana Avenue, NW	<b>Transaction ID:</b> INC.A.5507
	City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Crowley for Congress	Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 84-56 Grand Avenue	<b>Transaction ID:</b> INC.A.5506
	City Elmhurst State NY Zip Code 11373	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dealers Election Action Committee of the National Automotive Dealers Association	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 8400 Westpark Drive	<b>Transaction ID:</b> INC.A.5400
	City McLean State VA Zip Code 22102	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 68

(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

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)  
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: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: INC.A.5320

Amount of Each Receipt this Period

1000.00

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

**B.**

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

Mailing Address 1299 Pennsylvania Ave., NW, Ste. 1

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.5327

Amount of Each Receipt this Period

2000.00

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

**C.**

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

Mailing Address 1299 Pennsylvania Ave., NW, Ste. 1

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 8

Transaction ID: INC.A.5328

Amount of Each Receipt this Period

500.00

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

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

3500.00

**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 / 68  
(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)  
Grijalva Congressional Campaign Committee, A Whole lot of People for

Mailing Address P.O. Box 1242

City State Zip Code  
Tuscon AZ 85702

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 8

**Transaction ID:** INC.A.5352

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gutierrez for Congress

Mailing Address 2750 North Ashland Avenue

City State Zip Code  
Chicago IL 60614

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 8

**Transaction ID:** INC.A.5340

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Honeywell International Political Action Committee

Mailing Address 101 Constitution Ave., NW, Ste. 50

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 2 / 2 0 0 8

**Transaction ID:** INC.A.5441

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**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 / 68

(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)  
International Association of Fire Fighters - FIREPAC

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 30 / 2008

Transaction ID: INC.A.5517

Amount of Each Receipt this Period

4000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Ironworkers Political Action League

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2008

Transaction ID: INC.A.5329

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Ironworkers Political Action League

Mailing Address 1750 New York Avenue, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 29 / 2008

Transaction ID: INC.A.5377

Amount of Each Receipt this Period

1500.00

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

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

6500.00

**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 / 68  
(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)  
Larson for Congress  
Mailing Address 29 Ruff Circle  
City Glastonbury State CT Zip Code 06033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2008.00  
Date of Receipt 06 / 10 / 2008  
Transaction ID: INC.A.5470  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Majority PAC  
Mailing Address 551 Main Street, #220  
City Johnstown State PA Zip Code 15901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 05 / 28 / 2008  
Transaction ID: INC.A.5369  
Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Morgan Stanley PAC  
Mailing Address 1585 Broadway, 9th Floor  
City New York State NY Zip Code 10036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 05 / 28 / 2008  
Transaction ID: INC.A.5370  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00  
**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 / 68  
(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)  
Napolitano for Congress  
Mailing Address 555 Capitol Mall, Suite 1425  
City Sacramento State CA Zip Code 95814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 2008.00  
Date of Receipt 06 / 03 / 2008  
Transaction ID: INC.A.5453  
Amount of Each Receipt this Period 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Association PAC  
Mailing Address 1325 Massachusetts Avenue, NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 06 / 03 / 2008  
Transaction ID: INC.A.5469  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications Association PAC, The  
Mailing Address 1724 Massachusetts Avenue, NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 06 / 19 / 2008  
Transaction ID: INC.A.5497  
Amount of Each Receipt this Period 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00  
**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 / 68  
(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)  
National Council of Farmer Cooperative CO-OP/PAC  
Mailing Address 50 F Street, NW, Suite 900

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2008  
Transaction ID: INC.A.5488  
Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Milk Producers Federation - PAC  
Mailing Address 2101 Wilson Blvd., Suite 400

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 21 / 2008  
Transaction ID: INC.A.5343  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
New York Life PAC  
Mailing Address 51 Madison Avenue

City New York State NY Zip Code 10010

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 19 / 2008  
Transaction ID: INC.A.5339  
Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 68  
(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)  
Ortiz for Congress Committee

Mailing Address P.O. Box 7806

City State Zip Code  
Corpus Christi TX 78487

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 0 8

Transaction ID: INC.A.5356

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pastor for Arizona 2008

Mailing Address P.O. Box 1978

City State Zip Code  
Phoenix AZ 85001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 8

Transaction ID: INC.A.5407

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Pharmavite Political Action Committee

Mailing Address 8510 Balboa Blvd.

City State Zip Code  
Northridge CA 91325

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 8

Transaction ID: INC.A.5498

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68  
(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)  
RJReynolds Political Action Committee

Mailing Address 401 North Main Street

City State Zip Code  
Winston-Salem NC 27102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 8

**Transaction ID:** INC.A.5499

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ruben Hinojosa for Congress

Mailing Address 502 N 11th Street

City State Zip Code  
McAllen TX 78501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** INC.A.5348

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Schools First Federal Credit Union Employees Federal PAC

Mailing Address 2115 North Broadway

City State Zip Code  
Santa Ana CA 92706

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 8

**Transaction ID:** INC.A.5405

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**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 / 68  
(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)  
Sodexho, Inc. PAC

Mailing Address 9801 Washingtonian Blvd., 12th Fl.

City Gaithersburg State MD Zip Code 20878

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 25 / 2008  
**Transaction ID:** INC.A.5502  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
The NEA Fund for Children & Public Education

Mailing Address 1201 16th Street, NW, Suite 421

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt 05 / 15 / 2008  
**Transaction ID:** INC.A.5319  
 Amount of Each Receipt this Period 3500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Univision Communications Inc., PAC

Mailing Address 520 South Grand Avenue, Suite 700

City Los Angeles State CA Zip Code 90071

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt 06 / 26 / 2008  
**Transaction ID:** INC.A.5504  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**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 / 68  
(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)  
Verizon Communications Inc. Good Government Club  
 Mailing Address 1300 I Street, NW, 4th Floor  
 City Washington State DC Zip Code 20005  
 Date of Receipt 05 / 30 / 2008  
**Transaction ID:** INC.A.5378  
 Amount of Each Receipt this Period 900.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date 6100.00  
 Primary  General  
 Other (specify) ▼  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** 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  
 Date of Receipt 05 / 30 / 2008  
**Transaction ID:** INC.A.5379  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date 6100.00  
 Primary  General  
 Other (specify) ▼  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**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  
 Date of Receipt 06 / 30 / 2008  
**Transaction ID:** INC.A.5508  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Occupation  
 Receipt For: 2008 Election Cycle-to-Date 6100.00  
 Primary  General  
 Other (specify) ▼  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**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 / 68  
(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)  
Wescom Credit Union Federal PAC

Mailing Address 123 South Marengo Avenue

City State Zip Code  
Pasadena CA 91101

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** INC.A.5318

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
WesCorp Credit Union Employees Political Action Committee, WesCorp Employees Federal PAC

Mailing Address 924 Overland Court

City State Zip Code  
San Dimas CA 91773

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 8

**Transaction ID:** INC.A.5408

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	84800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 68	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A.</b>	Full Name (Last, First, Middle Initial) Voter Information Guide J08		Date of Receipt
	Mailing Address 13701 Riverside Drive, #604		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sherman Oaks	CA	91423
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	<b>Transaction ID:</b> INC:A:5361 Amount of Each Receipt this Period <input type="text" value="2140.00"/> <b>Refund</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For:		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2140.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2140.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="2140.00"/>



**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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.	Full Name (Last, First, Middle Initial) Digital Tractor	Transaction ID: EXP.B.5445 Date of Disbursement 06 / 03 / 2008
	Mailing Address 1700 L Street	Amount of Each Disbursement this Period 1093.66
	City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Walk Piece Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 003

B.	Full Name (Last, First, Middle Initial) Impact Placements, LLC	Transaction ID: EXP.B.5447 Date of Disbursement 06 / 03 / 2008
	Mailing Address 22431 Antonio Pky, Ste. B-160#131	Amount of Each Disbursement this Period 725.00
	City Rcho Sta Margarita State CA Zip Code 92688	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign Signs Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 006

C.	Full Name (Last, First, Middle Initial) Inland Empire Hispanic News	Transaction ID: EXP.B.5482 Date of Disbursement 06 / 20 / 2008
	Mailing Address 1558 North Waterman Avenue, Ste. D	Amount of Each Disbursement this Period 190.68
	City San Bernardino State CA Zip Code 92404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Newspaper Advertisement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2009.34
<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)  
JMM Associates

Mailing Address 800 4th Street, SW # 5720

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5381  
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

3500.00

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

B.

Full Name (Last, First, Middle Initial)  
JMM Associates

Mailing Address 800 4th Street, SW # 5720

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5485  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

3500.00

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

C.

Full Name (Last, First, Middle Initial)  
Leading Edge Data Services, Inc.

Mailing Address P.O. Box 6008

City Stockton State CA Zip Code 95206

Purpose of Disbursement  
Data Management

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5385  
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

280.62

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

SUBTOTAL of Disbursements This Page (optional) ▶

7280.62

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) Joseph Macias  Mailing Address 800 4th Street, SW, #5720  City Washington State DC Zip Code 20024  Purpose of Disbursement Fundraising Shipping Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.5477 Date of Disbursement 06 / 20 / 2008  Amount of Each Disbursement this Period 33.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Joseph Macias  Mailing Address 800 4th Street, SW, #5720  City Washington State DC Zip Code 20024  Purpose of Disbursement Fundraising Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.5476 Date of Disbursement 06 / 20 / 2008  Amount of Each Disbursement this Period 152.60  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Joseph Macias  Mailing Address 800 4th Street, SW, #5720  City Washington State DC Zip Code 20024  Purpose of Disbursement Fundraising Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.5479 Date of Disbursement 06 / 20 / 2008  Amount of Each Disbursement this Period 40.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	225.60
<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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Macias</p> <p>Mailing Address 800 4th Street, SW, #5720</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Fundraising Computer Supplies 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.5478 <b>Date of Disbursement</b> 06 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 91.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mailrite Print &amp; Mail, Inc.</p> <p>Mailing Address 834 Striker Avenue, #C</p> <p>City Sacramento State CA Zip Code 95804</p> <p>Purpose of Disbursement Fundraising Mail Production 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.5311 <b>Date of Disbursement</b> 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 7791.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mailrite Print &amp; Mail, Inc.</p> <p>Mailing Address 834 Striker Avenue, #C</p> <p>City Sacramento State CA Zip Code 95804</p> <p>Purpose of Disbursement Fundraising Mail Production 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.5324 <b>Date of Disbursement</b> 05 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 7791.66</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) ..... ▶

**15674.53**

**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) Mailrite Print & Mail, Inc.	Transaction ID: EXP.B.5310 Date of Disbursement 05 / 16 / 2008
	Mailing Address 834 Striker Avenue, #C	Amount of Each Disbursement this Period 5140.49
	City Sacramento State CA Zip Code 95804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Mail Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Mailrite Print & Mail, Inc.	Transaction ID: EXP.B.5323 Date of Disbursement 05 / 16 / 2008
	Mailing Address 834 Striker Avenue, #C	Amount of Each Disbursement this Period 5140.49
	City Sacramento State CA Zip Code 95804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Mail Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Mailrite Print & Mail, Inc.	Transaction ID: EXP.B.5375 Date of Disbursement 05 / 29 / 2008
	Mailing Address 834 Striker Avenue, #C	Amount of Each Disbursement this Period 12932.22
	City Sacramento State CA Zip Code 95804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Mail Services Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>23213.20</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) National Democratic Club  Mailing Address 30 Ivy Street, SE  City Washington State DC Zip Code 20003-4071  Purpose of Disbursement Meals with Staff 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.5462 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 68.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) NJB & Associates, Inc.  Mailing Address 7485 Eucalyptus Drive  City Highland State CA Zip Code 92346  Purpose of Disbursement Fundraising Staff 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) ▼	<b>Transaction ID:</b> EXP.B.5335 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 413.35  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) NJB & Associates, Inc.  Mailing Address 7485 Eucalyptus Drive  City Highland State CA Zip Code 92346  Purpose of Disbursement Fundraising Postage, Meals and Printer Cartridge 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.5366 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 466.80  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>948.15</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

A.

Full Name (Last, First, Middle Initial)  
NJB & Associates, Inc.

Transaction ID: EXP.B.5382  
Date of Disbursement

Mailing Address 7485 Eucalyptus Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

City Highland State CA Zip Code 92346

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
Fundraising Consulting

003
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
NJB & Associates, Inc.

Transaction ID: EXP.B.5384  
Date of Disbursement

Mailing Address 7485 Eucalyptus Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

City Highland State CA Zip Code 92346

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Fundraising Consulting Services

003
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
NJB & Associates, Inc.

Transaction ID: EXP.B.5463  
Date of Disbursement

Mailing Address 7485 Eucalyptus Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

City Highland State CA Zip Code 92346

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Fundraising Consulting Services

003
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

6000.00
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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)  
NJB & Associates, Inc.

Transaction ID: EXP.B.5486  
Date of Disbursement

Mailing Address 7485 Eucalyptus Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

City Highland State CA Zip Code 92346

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
Fundraising Consulting Services

003
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Olson, Hagel & Fishburn, LLP

Transaction ID: EXP.B.5464  
Date of Disbursement

Mailing Address 555 Capitol Mall, Suite 1425

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

4548.01
---------

Purpose of Disbursement  
Legal & Reporting Services

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Olson, Hagel & Fishburn, LLP

Transaction ID: EXP.B.5466  
Date of Disbursement

Mailing Address 555 Capitol Mall, Suite 1425

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

6157.05
---------

Purpose of Disbursement  
Legal & Reporting Services

001
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

13705.06
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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

<b>A.</b>	Full Name (Last, First, Middle Initial) Reliable Properties, Inc. <hr/> Mailing Address 6399 Wilshire Blvd., Suite 604 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement Campaign Office Rent 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) ▼	001 Category/ Type	Transaction ID: EXP.B.5484 Date of Disbursement 06 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Ross Communications, Inc. <hr/> Mailing Address 1700 L Street <hr/> City Sacramento State CA Zip Code 95811 <hr/> Purpose of Disbursement Campaign Consulting 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) ▼	003 Category/ Type	Transaction ID: EXP.B.5442 Date of Disbursement 06 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) San Bernardino American <hr/> Mailing Address P.O. Box 837 <hr/> City Victorville State CA Zip Code 92393 <hr/> Purpose of Disbursement Newspaper Advertisement 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) ▼	004 Category/ Type	Transaction ID: EXP.B.5454 Date of Disbursement 06 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	16500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

A.

Full Name (Last, First, Middle Initial)  
Stefani Management Services, Inc.

Transaction ID: EXP.B.5331  
Date of Disbursement

Mailing Address 1033 W. Van Buren Street, Fl. 5

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

City Chicago State IL Zip Code 60607

Amount of Each Disbursement this Period

1986.76
---------

Purpose of Disbursement  
Fundraising Catering

003
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Raul R. Tapia

Transaction ID: NON.B.5593  
Date of Disbursement

Mailing Address 1200 New Hampshire Ave. NW , Ste.

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

1828.20
---------

Purpose of Disbursement

--

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Twenty-First Century Group, Inc.

Transaction ID: EXP.B.5471  
Date of Disbursement

Mailing Address 434 New Jersey Avenue, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

1750.00
---------

Purpose of Disbursement  
Fundraising Catering

003
-----

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

5564.96
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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

<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 Online Bank Fees 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.5474 Date of Disbursement 05 / 15 / 2008  Amount of Each Disbursement this Period 5.67  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<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 Online Bank Fees 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.5473 Date of Disbursement 05 / 15 / 2008  Amount of Each Disbursement this Period 209.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<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 Online Bank Fees 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.5541 Date of Disbursement 06 / 04 / 2008  Amount of Each Disbursement this Period 67.88  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	282.55
<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 Online Bank Fees 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.5540 Date of Disbursement 06 / 04 / 2008  Amount of Each Disbursement this Period 4.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 Online Bank Fees 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.5542 Date of Disbursement 06 / 04 / 2008  Amount of Each Disbursement this Period 170.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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 Meals with Constituents Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.5455 Date of Disbursement 06 / 05 / 2008  Amount of Each Disbursement this Period 446.31  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>620.71</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

A.	Full Name (Last, First, Middle Initial) El Rancho Mexican Restaurant	Transaction ID: EDT.B.60 Date of Disbursement 06 / 05 / 2008
	Mailing Address 821 West Valley Blvd.	Amount of Each Disbursement this Period 35.33
	City Colton State CA Zip Code 92324	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement: Meals with Constituents Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Panera Bread	Transaction ID: EDT.B.59 Date of Disbursement 06 / 05 / 2008
	Mailing Address 1092 East Hospitality Lane	Amount of Each Disbursement this Period 229.88
	City San Bernardino State CA Zip Code 92408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
	Purpose of Disbursement: Meals with Constituents Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: EXP.B.5459 Date of Disbursement 06 / 05 / 2008
	Mailing Address P.O. Box 790408	Amount of Each Disbursement this Period 59.00
	City St. Louis State MO Zip Code 63179	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Fundraising Golf Equipment Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	59.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of 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 Computer Equipment 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.5457 Date of Disbursement 06 / 05 / 2008  Amount of Each Disbursement this Period 585.84  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Staples Inc.  Mailing Address 3303 Jefferson Drive  City Alexandria State VA Zip Code 22314  Purpose of Disbursement Computer Equipment 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.58 Date of Disbursement 06 / 05 / 2008  Amount of Each Disbursement this Period 585.84  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
C.	Full Name (Last, First, Middle Initial) U.S. Bank  Mailing Address P.O. Box 790408  City St. Louis State MO Zip Code 63179  Purpose of Disbursement Candidate Travel Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.5456 Date of Disbursement 06 / 05 / 2008  Amount of Each Disbursement this Period 105.54  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>691.38</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> Full Name (Last, First, Middle Initial) Marriott International - Doral Resort &amp; Spa</p> <p>Mailing Address 4400 NW 87th Avenue</p> <p>City Miami State FL Zip Code 33178</p> <p>Purpose of Disbursement Candidate 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> EDT.B.61 <b>Date of Disbursement</b> 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 105.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 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 Guest Speaker Travel Credit 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.5460 <b>Date of Disbursement</b> 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period -577.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) 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 Guest Speaker Travel Credit 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.57 <b>Date of Disbursement</b> 06 / 05 / 2008</p> <p>Amount of Each Disbursement this Period -577.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-577.50
<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 Website Maintenance</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.5458</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Postmaster - San Bernardino</p> <p>Mailing Address 390 West 5th Street</p> <p>City San Bernardino State CA Zip Code 92401</p> <p>Purpose of Disbursement Fundraising Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.5336</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="270.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) U.S. Postmaster - San Bernardino</p> <p>Mailing Address 390 West 5th Street</p> <p>City San Bernardino State CA Zip Code 92401</p> <p>Purpose of Disbursement Fundraising Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.5489</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="420.00"/></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)

<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)  
Urban Art Lithography, Inc.

Transaction ID: EXP.B.5309

Mailing Address 2331 C Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

City Sacramento State CA Zip Code 95816

Amount of Each Disbursement this Period

3027.85
---------

Purpose of Disbursement  
Fundraising Printing and Design

003  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Urban Art Lithography, Inc.

Transaction ID: EXP.B.5322

Mailing Address 2331 C Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

City Sacramento State CA Zip Code 95816

Amount of Each Disbursement this Period

3027.85
---------

Purpose of Disbursement  
Fundraising Design and Artwork

003  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Urban Art Lithography, Inc.

Transaction ID: EXP.B.5374

Mailing Address 2331 C Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

City Sacramento State CA Zip Code 95816

Amount of Each Disbursement this Period

3027.78
---------

Purpose of Disbursement  
Campaign Mail Card

003  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

9083.48
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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)  
Urban Art Lithography, Inc.

Mailing Address 2331 C Street

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
Campaign Walk Piece

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5444

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

3553.79

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

B.

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

Mailing Address P.O. Box 9688

City Mission Hills State CA Zip Code 91346

Purpose of Disbursement  
Phone

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5446

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

175.05

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

C.

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

Mailing Address P.O. Box 9688

City Mission Hills State CA Zip Code 91346

Purpose of Disbursement  
Phone

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5491

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

172.69

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

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

3901.53

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 Wireless</p> <p>Mailing Address P.O. Box 9622</p> <p>City Mission Hills State CA Zip Code 91346</p> <p>Purpose of Disbursement Phone 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.5386</p> <p>Date of Disbursement 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 161.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 9622</p> <p>City Mission Hills State CA Zip Code 91346</p> <p>Purpose of Disbursement Phone 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.5492</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 156.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>317.46</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>109019.63</p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" 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)  
Reginald J. Beamon

Mailing Address 1730 West Gilbert Street

City State Zip Code  
San Bernardino CA 92411

Purpose of Disbursement  
Refund of Contributions

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: EXP.B.5376  
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

500.00

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

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

500.00

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

500.00

**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 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) Community Hospital of San Bernardino Foundation</p> <p>Mailing Address 1805 Medical Center Drive</p> <p>City San Bernardino State CA Zip Code 92411</p> <p>Purpose of Disbursement Civic Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.5461</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fontana Chamber of Commerce</p> <p>Mailing Address 8491 Sierra Avenue</p> <p>City Fontana State CA Zip Code 92335</p> <p>Purpose of Disbursement Civic Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.5481</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Lujan, Friends of Ben R.</p> <p>Mailing Address P.O. Box 31129</p> <p>City Santa Fe State NM Zip Code 87594</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Lujan, Friends of Ben R.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> EXP.B.5483</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 68

<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)  
PAL Center (Provisional Accelerated Learning)

Mailing Address 2450 Blake Street

City State Zip Code  
San Bernardino CA 92407

Purpose of Disbursement  
Civic Donation

Candidate Name

012  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.5334

Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

350.00

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

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

350.00

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

3500.00

**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> California Outdoor Graphics Service South, LLC			Nature of Debt (Purpose): Campaign Street and Lawn Signs
Mailing Address 3309 South Main Street			
City Santa Ana	State CA	ZIP Code 92707	

Outstanding Balance Beginning This Period 2000.00		<b>Transaction ID: PAY:D:5073</b>	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Impact Placements, LLC			Nature of Debt (Purpose): Campaign Signs
Mailing Address 22431 Antonio Pky, Ste. B-160#131			
City Rcho Sta Margarita	State CA	ZIP Code 92688	

Outstanding Balance Beginning This Period 725.00		<b>Transaction ID: PAY:D:5074</b>	
Amount Incurred This Period 0.00	Payment This Period 725.00	Outstanding Balance at Close of This Period 0.00	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Olson, Hagel & Fishburn, LLP			Nature of Debt (Purpose): Legal & Reporting Services
Mailing Address 555 Capitol Mall, Suite 1425			
City Sacramento	State CA	ZIP Code 95814	

Outstanding Balance Beginning This Period 4548.01		<b>Transaction ID: PAY:D:5338</b>	
Amount Incurred This Period 0.00	Payment This Period 4548.01	Outstanding Balance at Close of This Period 0.00	

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 62 / 68
	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 Ross Communications, Inc.	Nature of Debt (Purpose): Campaign Consulting
Mailing Address 1700 L Street	
City State ZIP Code Sacramento CA 95811	

Outstanding Balance Beginning This Period 15000.00	<b>Transaction ID:</b> PAY:D:4870	
Amount Incurred This Period 0.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 5000.00

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

Outstanding Balance Beginning This Period 5000.00	<b>Transaction ID:</b> PAY:D:4878	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

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

Outstanding Balance Beginning This Period 15000.00	<b>Transaction ID:</b> PAY:D:5151	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
Friends of Joe Baca

<b>A. 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="0.00"/>		<b>Transaction ID: PAY:D:5543</b>	
Amount Incurred This Period <input type="text" value="15000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15000.00"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Stefani Management Services, Inc.			Nature of Debt (Purpose): Fundraising Catering
Mailing Address 1033 W. Van Buren Street, Fl. 5			
City Chicago	State IL	ZIP Code 60607	

Outstanding Balance Beginning This Period <input type="text" value="1986.76"/>		<b>Transaction ID: PAY:D:5330</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1986.76"/>	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 Event Supplies
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:5521</b>	
Amount Incurred This Period <input type="text" value="359.59"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="359.59"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="15359.59"/>
<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

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 U.S. Bank

Nature of Debt (Purpose):  
 Fundraising Reception

Mailing Address P.O. Box 790408

City State ZIP Code  
 St. Louis MO 63179

Outstanding Balance Beginning This Period	<b>Transaction ID: PAY:D:5522</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1718.51	0.00	1718.51

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 U.S. Bank

Nature of Debt (Purpose):  
 Candidate Travel Expenses

Mailing Address P.O. Box 790408

City State ZIP Code  
 St. Louis MO 63179

Outstanding Balance Beginning This Period	<b>Transaction ID: PAY:D:5523</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
200.00	0.00	200.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 U.S. Bank

Nature of Debt (Purpose):  
 Meals with Constituents

Mailing Address P.O. Box 790408

City State ZIP Code  
 St. Louis MO 63179

Outstanding Balance Beginning This Period	<b>Transaction ID: PAY:D:5524</b>	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
22.92	0.00	22.92

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>1941.43</b>
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 65 / 68
	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): Family Member Travel
Mailing Address P.O. Box 790408			
City St. Louis	State MO	ZIP Code 63179	

Outstanding Balance Beginning This Period		Transaction ID: PAY:D:5525	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
214.50	0.00	214.50	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	214.50
2) <b>TOTALS</b> This Period (last page this line number only).....	42515.52
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)	42515.52

**Image# 28933434478**

Form/Schedule: **SA11AI**

Transaction ID: **NON.A.5593**

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Form/Schedule: **SA11AI**

Transaction ID: **INC.A.5349**

Permissible Funds

\*\*\*\*\*

Image# 28933434479

Form/Schedule: **SA11AI**  
Transaction ID: **INC.A.5412**

Permissible Funds

Form/Schedule: **SB17**  
Transaction ID: **NON.B.5593**

Inkind - Fundraising Reception

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Image# 28933434480

Form/Schedule: **F3A**  
Transaction ID:

To Update Contributions

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