

# 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

SERRANO FOR CONGRESS

ADDRESS (number and street) 1831 BAY STREET, SE

Check if different than previously reported. (ACC)

WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00240986

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

CITY STATE ZIP CODE STATE DISTRICT

DC 16

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 01 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Dr. RAFAEL A. LANTIGUA

Signature of Treasurer Electronically Filed by Dr. RAFAEL A. LANTIGUA Date 04 15 2009

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

SERRANO FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	25500.00	33350.00
(b) Total Contribution Refunds (from Line 20(d)).....	10300.00	10300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15200.00	23050.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	8393.35	22005.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	32.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8393.35	21972.39
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31410.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
**SERRANO FOR CONGRESS**

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

1500.00

3350.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

1500.00

3350.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

24000.00

30000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

25500.00

33350.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

32.68

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

25500.00

33382.68

**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.....	8393.35	22005.07
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.....	300.00	300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10300.00	10300.00
21. OTHER DISBURSEMENTS.....	2000.00	2000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	20693.35	34305.07

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26603.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	25500.00
25. SUBTOTAL (add Line 23 and Line 24).....	52103.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20693.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31410.53

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 22  
(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)  
**SERRANO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
ERLINDA CALLORINA

Mailing Address **4116 RECKTENWALL AVE**

City **N. LAS VEGAS** State **NV** Zip Code **89081**

FEC ID number of contributing federal political committee. C

Name of Employer **CARD PLAYER CRUISES** Occupation **PARTNER**

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ -2300.00

Date of Receipt MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID: SA11AI.8226**

Amount of Each Receipt this Period  
-2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY L. FARROW

Mailing Address **3107 BROOKLAWN TERRACE**

City **CHEVY CHASE** State **MD** Zip Code **20815**

FEC ID number of contributing federal political committee. C

Name of Employer **LISBOA INC.** Occupation **PUBLIC AFFAIRS CONSULTANT**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ .00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID: SA11AI.8222**

Amount of Each Receipt this Period  
-350.00

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

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY L. FARROW

Mailing Address **3107 BROOKLAWN TERRACE**

City **CHEVY CHASE** State **MD** Zip Code **20815**

FEC ID number of contributing federal political committee. C

Name of Employer **LISBOA INC.** Occupation **PUBLIC AFFAIRS CONSULTANT**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID: SA11AI.8223**

Amount of Each Receipt this Period  
350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... -2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<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)  
SERRANO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSE FUENTES	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 308 RIVERVIEW AVENUE	<b>Transaction ID:</b> SA11AI.8220
	City State Zip Code ANNAPOLIS MD 21403	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 EASTPORT STRATEGIES, LLC CONSULTANT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GEOFFREY GLEASON	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 6126 N. 11TH ROAD	<b>Transaction ID:</b> SA11AI.8228
	City State Zip Code ARLINGTON VA 22205	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 THE LIVINGSTON GROUP GOVERNMENT RELATIONS	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) STANLEY J. GRANT	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 81 COUNTRY VILLAGE	<b>Transaction ID:</b> SA11AI.8219
	City State Zip Code MANHASSET NY 11040	Amount of Each Receipt this Period 2000.00
	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 FRIENDS OF CONG GLAUCOMA FOUND PRESIDENT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<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)  
SERRANO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) GORDON P. MACDOUGALL	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 4797 YORKTOWN BLVD	<b>Transaction ID:</b> SA11AI.8224
	City State Zip Code ARLINGTON VA 22207	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 BEACON CONSULTING GROUP PRESIDENT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ .00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ALEXANDER ODISHELIDZE	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address EL CARIBE BLDG SUITE 1503, 53 PALM	<b>Transaction ID:</b> SA11AI.8227
	City State Zip Code SAN JUAN PR 00901	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 EBA CONSULTING AND PUBLISHING PRESIDENT	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT SANCHO	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address 73 TINTERN LANE	<b>Transaction ID:</b> SA11AI.8200
	City State Zip Code SCARSDALE NY 10583	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation BRONX-LEBANON HOSPITAL HEALTH ADMINISTRATOR	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1500.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<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)  
**SERRANO FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) AMERICAN ASSOCIATION FOR JUSTICE PAC	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1050 31ST STREET	<b>Transaction ID:</b> SA11C.8237
	City State Zip Code WASHINGTON DC 20007	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00024521	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES PAC	Date of Receipt MM / DD / YYYY 02 / 26 / 2009
	Mailing Address 80 F STREET N.W.	<b>Transaction ID:</b> SA11C.8199
	City State Zip Code WASHINGTON DC 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00009936	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 2 West Dixie Highway	<b>Transaction ID:</b> SA11C.8218
	City State Zip Code Dania Beach FL 33004	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00027532	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 22			
(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)  
SERRANO FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) ARENT FOX LLP PAC (AFPAC)		Date of Receipt
	Mailing Address 1050 CONNECTICUT AVENUE, NW		<input type="checkbox"/> 03 / <input type="checkbox"/> 20 / <input type="checkbox"/> 2009
	City	State	Zip Code
	WASHINGTON	DC	20036
	FEC ID number of contributing federal political committee.		<b>C</b> C00241380
Name of Employer		Occupation	<b>Transaction ID:</b> SA11C.8225 Amount of Each Receipt this Period <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	
		.00	
Amount of Each Receipt this Period		-1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATON		Date of Receipt
	Mailing Address 100 INDIANA AVE., NW		<input type="checkbox"/> 02 / <input type="checkbox"/> 26 / <input type="checkbox"/> 2009
	City	State	Zip Code
	WASHINGTON	DC	20001
	FEC ID number of contributing federal political committee.		<b>C</b> C00023580
Name of Employer		Occupation	<b>Transaction ID:</b> SA11C.8198 Amount of Each Receipt this Period <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	
		5000.00	
Amount of Each Receipt this Period		5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/IUOE		Date of Receipt
	Mailing Address 1125 17th St, NW		<input type="checkbox"/> 03 / <input type="checkbox"/> 31 / <input type="checkbox"/> 2009
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		<b>C</b> C00029504
Name of Employer		Occupation	<b>Transaction ID:</b> SA11C.8238 Amount of Each Receipt this Period <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	
		5000.00	
Amount of Each Receipt this Period		5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9000.00</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 10 / 22  
(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)  
SERRANO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CULTURAL INSTITUTIONS, FEDERAL PAC

Mailing Address 19 DOVE STREET, STE. 201

City State Zip Code  
ALBANY NY 12210

FEC ID number of contributing federal political committee. **C** C00397901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C.8202

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)  
FRIENDS OF SBDOS POLITICAL ACTION COMMITTEE

Mailing Address 6558 MARLO DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00380857

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C.8215

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)  
LOCKHEED MARTIN EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 1550 CRYSTAL DRIVE

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** SA11C.8239

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 11 / 22  
(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)  
SERRANO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOC. PAC  
Mailing Address 1325 MASSACHUSETTS AVENUE, N.W.  
City WASHINGTON State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00238725  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 31 / 2009  
Transaction ID: SA11C.8240  
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 ASSOCIATION OF FEDERAL CREDIT UNIONS PAC  
Mailing Address 3138 10TH STREET NORTH  
City ARLINGTON State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C** C00040659  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 20 / 2009  
Transaction ID: SA11C.8214  
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 ASSOCIATION OF POSTMASTERS OF THE US PAC  
Mailing Address 8 HERBERT STREET  
City ALEXANDRIA State VA Zip Code 22305  
FEC ID number of contributing federal political committee. **C** C00100404  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 20 / 2009  
Transaction ID: SA11C.8209  
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 12 / 22  
(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)  
SERRANO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC

Mailing Address 100 Daingerfield Road

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** SA11C.8212

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 POSTAL MAIL HANDLERS UNION-DIV OF LABORERS' INT'L UNION OF N AMERICA

Mailing Address 905 16th St., NW  
Second Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00345306

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** SA11C.8241

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 RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 Duke Street  
4th floor

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** SA11C.8216

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 22  
(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)  
SERRANO FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 N. MICHIGAN AVE.

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** SA11C.8229

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)  
SONNENSCHN POLITICAL ACTION COMMITTEE

Mailing Address 1301 K STREET NW STE. 600, E.TOWER

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00216127

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** SA11C.8242

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)  
TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1750 H STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 26 / 2009

**Transaction ID:** SA11C.8201

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) ..... ► **24000.00**

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements 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)  
SERRANO FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>  Mailing Address P.O. BOX 2855  City NEW YORK State NY Zip Code 10116  Purpose of Disbursement CREDIT CARD PAYMENT (SEE BELOW) Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8189 Date of Disbursement 02 / 09 / 2009  Amount of Each Disbursement this Period 477.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) <b>U.S. HOUSE OF REPRESENTATIVES GIFT SHOP</b>  Mailing Address LONGWORTH BLDG  City WASHINGTON State DC Zip Code 20515  Purpose of Disbursement GIFTS FOR SUPPORTERS Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8189.0 Date of Disbursement 02 / 09 / 2009  Amount of Each Disbursement this Period 477.50  <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) <b>AMERICAN EXPRESS</b>  Mailing Address P.O. BOX 2855  City NEW YORK State NY Zip Code 10116  Purpose of Disbursement CREDIT CARD PAYMENT (SEE BELOW) Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8205 Date of Disbursement 03 / 05 / 2009  Amount of Each Disbursement this Period 191.44  <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>668.94</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

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)  
SERRANO FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) LA PRIMA CATERING Mailing Address 1001 PENNSYLVANIA AVENUE City WASHINGTON State DC Zip Code 20004 Purpose of Disbursement CATERING FOR EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8205.0 Date of Disbursement MM / DD / YYYY 03 / 05 / 2009
	Amount of Each Disbursement this Period 191.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>B.</b> Full Name (Last, First, Middle Initial) CAPITOL HOST Mailing Address Rayburn House Office Bldg Rm B-339B City Washington State DC Zip Code 20515 Purpose of Disbursement CATERING FOR EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8179 Date of Disbursement MM / DD / YYYY 01 / 16 / 2009
	Amount of Each Disbursement this Period 757.16 <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) CAPITOL HOST Mailing Address Rayburn House Office Bldg Rm B-339B City Washington State DC Zip Code 20515 Purpose of Disbursement CATERING FOR EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.8181 Date of Disbursement MM / DD / YYYY 01 / 27 / 2009
	Amount of Each Disbursement this Period 269.20 <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) ..... ▶	1026.36
<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)  
SERRANO FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) EVANS &amp; KATZ, LLC</p> <p>Mailing Address 1831 BAY STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement ACCOUNTING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.8204</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="542.18"/></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) EXTRA SPACE STORAGE OF BRONX</p> <p>Mailing Address 330 BRUCKNER BLVD.</p> <p>City BRONX State NY Zip Code 10454</p> <p>Purpose of Disbursement RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.8196</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="526.00"/></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) HANNA HUNT</p> <p>Mailing Address 417 NEW JERSEY AVE., S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement FUNDRAISING CONSULTING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.8194</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></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><input type="text" value="1568.18"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
SERRANO FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) HANNA HUNT</p> <p>Mailing Address 417 NEW JERSEY AVE., S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement FUNDRAISING CONSULTING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8195</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</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) HANNA HUNT</p> <p>Mailing Address 417 NEW JERSEY AVE., S.E.</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement FUNDRAISING CONSULTING SVCS AND EXPS</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8203</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2645.41</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) MILA'S CATERING</p> <p>Mailing Address 1720 LANIER PL., N.W.</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement CATERING FOR EVENT</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.8186</p> <p>Date of Disbursement MM / DD / YYYY 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 318.00</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) ..... ▶

**3463.41**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

<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

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)  
SERRANO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
ROBERT SANCHO

Transaction ID: SB20A.8248

Date of Disbursement

Mailing Address 73 TINTERN LANE

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

City State Zip Code  
SCARSDALE NY 10583

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Refund

--

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

Candidate Name  
SERRANO FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 16

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

300.00
--------

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

300.00
--------

**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 checked="" 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)  
SERRANO FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE</p> <p>Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB20C.8246 <b>Date of Disbursement:</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 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) DRIVE - DEM REPUB INDEP VOTER EDUC - PAC FOR INT'L BROTHERHOOD OF TEAMSTERS</p> <p>Mailing Address 25 Louisiana Ave. NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB20C.8244 <b>Date of Disbursement:</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</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) DRIVE - DEM REPUB INDEP VOTER EDUC - PAC FOR INT'L BROTHERHOOD OF TEAMSTERS</p> <p>Mailing Address 25 Louisiana Ave. NW</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB20C.8245 <b>Date of Disbursement:</b> 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</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) .....	<b>8500.00</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)

PAGE 21 / 22

<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 checked="" 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)  
SERRANO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

NATIONAL POSTAL MAIL HANDLERS UNION-DIV OF LABORERS' IN-  
TL UNION OF N AMERICA

Mailing Address 905 16th St., NW  
Second Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20C.8247

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

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

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

NAME OF COMMITTEE (In Full)  
SERRANO FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
KENDRICK MEEK FOR FLORIDA

Transaction ID: SB21.8232

Date of Disbursement

Mailing Address 111 NW 183RD STREET SUITE 325

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

City State Zip Code  
MIAMI FL 33169

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
CONTRIBUTION

--

Category/  
Type

Candidate Name

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

Office Sought:  House  
 Senate  
 President  
State: FL District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

2000.00
---------

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

2000.00
---------