

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than 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 SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150 Check if different than previously reported. (ACC) SACRAMENTO CA 95833

2. FEC IDENTIFICATION NUMBER C00317511 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2005 through 10 31 2005

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 David Bauer

Signature of Treasurer Electronically Filed by David Bauer Date 03 28 2006

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
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		51458.06
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	75687.65									
(c) Total Receipts (from Line 19)	142186.23	379080.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217873.88	430538.69								
7. Total Disbursements (from Line 31)	56006.22	268671.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	161867.66	161867.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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**

Write or Type Committee Name
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	120986.23	269986.23
(i) Itemized (use Schedule A)	200.00	200.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	121186.23	270186.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	21000.00	105864.40
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	142186.23	376050.63
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	30.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	142186.23	379080.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	142186.23	379080.63

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	1432.55
(b) Other Federal Operating Expenditures.....	52006.22	150238.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	52006.22	151671.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	105500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	3000.00	3000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	3000.00	8000.00
29. Other Disbursements.....	1000.00	3500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	56006.22	268671.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	56006.22	267238.48

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	142186.23	376050.63
34. Total Contribution Refunds (from Line 28(d))	3000.00	8000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	139186.23	368050.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52006.22	150238.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	30.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52006.22	150208.48

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
MISSISSIPPI BAND OF CHOCTAW INDIANS

Mailing Address **P. O. BOX 6090**

City **CHOCTAW** State **MS** Zip Code **39350**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 01 / 2005

Transaction ID: INC:A:988

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
JIM BARTLETT

Mailing Address **14646 N. KIERLAND BLVD. #240**

City **SCOTTSDALE** State **AZ** Zip Code **85254**

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

Name of Employer Occupation
DMB/HIGHLANDS GROUP, LLC
PRINCIPAL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.66**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 04 / 2005

Transaction ID: IDT:A:16

Amount of Each Receipt this Period
1666.66

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KENNETH K. DENIO

Mailing Address **2300 VIRGINIATOWN RD.**

City **Lincoln** State **CA** Zip Code **95648**

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

Name of Employer Occupation
DENIO'S MARKET
OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 04 / 2005

Transaction ID: INC:A:989

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
DMB/HIGHLANDS GROUP, LLC

Mailing Address 10185 TRUCKEE TAHOE AIRPORT RD. #4

City State Zip Code
TRUCKEE CA 96161

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

Name of Employer Occupation
NOT TREATED AS CORP.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: INC:A:995

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
RICHARD GATES

Mailing Address P. O. BOX 2909

City State Zip Code
DUBLIN CA 94568

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

Name of Employer Occupation
DESILVA GATES CONSTRUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:993

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NICK HACKSTOCK

Mailing Address 4155 S. UNIVERSITY BLVD.

City State Zip Code
ENGLEWOOD CO 80113

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

Name of Employer Occupation
DMB/HIGHLANDS GROUP, LLC PRINCIPAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1666.67

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

Transaction ID: IDT:A:14

Amount of Each Receipt this Period
1666.67

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. WILLIAM KUCHULIS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 3121 FALTING ST.		Transaction ID: INC:A:992	
City LIVERMORE	State CA	Zip Code 94550	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer DESILVA GATES	Occupation CONSTRUCTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. RON PARR		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 10185 TRUCKEE TAHOE AIRPORT RD. #4		Transaction ID: IDT:A:15	
City TRUCKEE	State CA	Zip Code 96161	Amount of Each Receipt this Period 1666.67
FEC ID number of contributing federal political committee. C			
Name of Employer DMB/HIGHLANDS GROUP, LLC	Occupation PRINCIPAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.67		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AUDREY STEVENS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 3310 H ST.		Transaction ID: INC:A:990	
City SACRAMENTO	State CA	Zip Code 95816	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation NONE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
CHRIS STEVENS

Mailing Address **3310 H ST.**

City **SACRAMENTO** State **CA** Zip Code **95816**

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

Name of Employer **CAMBRIDGE HOMES** Occupation **PRES.**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 04 / 2005

Transaction ID: INC:A:991

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
DANIEL DAMERON

Mailing Address **904 SPILLANE CT.**

City **ROSEVILLE** State **CA** Zip Code **95747**

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

Name of Employer **EIT & ASSOC.** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 05 / 2005

Transaction ID: INC:A:1005

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARSHALL DAVERT

Mailing Address **411 CHILHAM WAY**

City **SACRAMENTO** State **CA** Zip Code **95864**

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

Name of Employer **MONTGOMERY WATSON** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y
10 / 05 / 2005

Transaction ID: INC:A:1011

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	10250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. ALLEN FOLKS		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 906 SIERRA MADRE WAY		Transaction ID: INC:A:1001
City State Zip Code DAVIS CA 95616	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer EDAW, INC.	Occupation URBAN DESIGNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. JOSEPH GALLO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address P. O. BOX 1130		Transaction ID: INC:A:1010
City State Zip Code MODESTO CA 95353	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00
Name of Employer GALLO WINES	Occupation VINTNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. GINA GARBOLINO		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 6161 CRATER LAKE DR.		Transaction ID: INC:A:999
City State Zip Code ROSEVILLE CA 95678	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer ROSEVILLE	Occupation MAYOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. KMS COMMUNITIES, LLC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 7401 GALILEE RD. #100		Transaction ID: INC:A:1016	
City ROSEVILLE	State CA	Zip Code 95678	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For:	Occupation TAXED AS PARTNERSHIP	Aggregate Year-to-Date ▼ 1500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. KEN LAGRANDE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address P. O. BOX 790		Transaction ID: INC:A:994	
City WILLIAMS	State CA	Zip Code 95987	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SUN VALLEY RICE CO.	Occupation VICE PRES.	Aggregate Year-to-Date ▼ 5000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. BILL LOWERY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 812 E. CAPITOL ST. NE		Transaction ID: INC:A:1006	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer CONGRESS	Occupation CONGRESSMAN	Aggregate Year-to-Date ▼ 5000.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
THOMAS MANZ

Mailing Address 7401 GALILEE RD. #100

City State Zip Code
ROSEVILLE CA 95678

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

Name of Employer Occupation
KMS COMMUNITIES DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: IDT:A:17

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NANCY PADDON

Mailing Address 1840 OAK TERRACE

City State Zip Code
NEWCASTLE CA 95658

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: INC:A:1004

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN PEASE

Mailing Address 7401 GALILEE RD. #100

City State Zip Code
ROSEVILLE CA 95678

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

Name of Employer Occupation
KMS DEVELOPMENT REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: IDT:A:19

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JAMES RAY

Mailing Address 4515 BERRENDO DR.

City State Zip Code
SACRAMENTO CA 95864

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

Name of Employer Occupation
MACKAY & SOMPS ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: INC:A:1015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. CRAIG ROBINSON

Mailing Address 1732 PARK OAK DR.

City State Zip Code
ROSEVILLE CA 95747

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

Name of Employer Occupation
CITY OF ROSEVILLE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: INC:A:1007

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES STEWART

Mailing Address 2850 GRASS LAND APT 2022

City State Zip Code
SACRAMENTO CA 95833

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

Name of Employer Occupation
ECORP PRES.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: INC:A:1003

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JOHN TALLMAN

Mailing Address 1322 BLUE OAK BLVD. #100

City State Zip Code
ROSEVILLE CA 95747

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

Name of Employer Occupation
SIGNATURE PROPERTIES DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: IDT:A:18

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEPHEN THURTLÉ

Mailing Address 2220 DOUGLAS BLVD. #290

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation
RICHLAND PLANNED COMMUNIT- VICE PRES.
IES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: INC:A:1002

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STEPHEN THURTLÉ

Mailing Address 2220 DOUGLAS BLVD. #290

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation
RICHLAND PLANNED COMMUNIT- VICE PRES.
IES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: INC:A:998

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. JAMES WILLIAMS		Date of Receipt MM / DD / YYYY 10 / 05 / 2005
Mailing Address 2237 DOUGLAS BLVD. #160		Transaction ID: INC:A:1000
City ROSEVILLE	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WILLIAMS & PADDON	Occupation ARCHITECT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. ABE ALIZADEH		Date of Receipt MM / DD / YYYY 10 / 11 / 2005
Mailing Address 2251 DOUGLAS BLVD. #120		Transaction ID: INC:A:1020
City ROSEVILLE	State CA	Zip Code 95661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KOBRA PROPERTIES	Occupation PRES.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. GAYLE GARBOLINO-MOJICA		Date of Receipt MM / DD / YYYY 10 / 11 / 2005
Mailing Address 2588 ROGUE WAY		Transaction ID: INC:A:1023
City ROSEVILLE	State CA	Zip Code 95747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer COLFAX ELEMENTARY SCHOOL DIST.	Occupation SUPERINTENDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. JULIE GOULD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5	
Mailing Address 1699 FOXHALL RD. NW		Transaction ID: INC:A:1019	
City WASHINGTON	State DC	Zip Code 20007	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. MICHAEL HERSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5	
Mailing Address 8709 BURNING TREE RD.		Transaction ID: INC:A:1018	
City BETHESDA	State MD	Zip Code 20817	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer AMERICAN DEFENSE INT'L	Occupation PRES.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. MILTON HERSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5	
Mailing Address 17173 ROYAL COVE WAY		Transaction ID: INC:A:1017	
City BOCA RATON	State FL	Zip Code 33496	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JERRY JACKSON

Mailing Address 7865 MT. VERNOR RD.

City	State	Zip Code
AUBURN	CA	95603

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

Name of Employer NORTECH WASTE	Occupation MANAGER
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: INC:A:1021

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROGER LESSMAN

Mailing Address P. O. BOX 2537

City	State	Zip Code
TRUCKEE	CA	96160

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

Name of Employer EAST WEST PARTNERS	Occupation PARTNER
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: INC:A:1022

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
THOMAS LUMBRAZO

Mailing Address 1504 SIERRA GARDENS DR.

City	State	Zip Code
ROSEVILLE	CA	95661

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

Name of Employer COPELAND LOWERY JACQUEZ	Occupation PARTNER
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: INC:A:1024

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
KRISTINA STEWARD

Mailing Address 1600 54TH ST.

City State Zip Code
SACRAMENTO CA 95819

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

Name of Employer Occupation
OFFICE OF GEORGE PHILLIPS PLANNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1026

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KRISTINA STEWARD

Mailing Address 1600 54TH ST.

City State Zip Code
SACRAMENTO CA 95819

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

Name of Employer Occupation
OFFICE OF GEORGE PHILLIPS PLANNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1025

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM TURPIE, JR.

Mailing Address 2612 EDGEROCK RD.

City State Zip Code
RENO NV 80509

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

Name of Employer Occupation
SELF CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1027

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JAMES ARCHIBALD

Mailing Address 5357 BLACKHAWK DR.

City DANVILLE State CA Zip Code 94506

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

Name of Employer DESILVA GATES Occupation VICE PRES.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: INC:A:1038

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
BD PROPERTIES, LLC

Mailing Address 735 SUNRISE AVE. #220

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1040

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ORIN BENNETT

Mailing Address 3017 DOUGLAS BLVD. #300

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer BD PROPERTIES, LLC Occupation MEMBER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: IDT:A:25

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
STEVE DELOA

Mailing Address 735 SUNRISE AVE. #220

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation
BD PROPERTIES, LLC MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: IDT:A:26

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHN KEMP

Mailing Address 112 KEMP CT.

City State Zip Code
FOLSOM CA 95630

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1039

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JOHN MANIKAS

Mailing Address 511 35TH ST.

City State Zip Code
SACRAMENTO CA 95816

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

Name of Employer Occupation
PHILLIPS ROAD 160 PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: IDT:A:24

Amount of Each Receipt this Period
100.00

[MEMO ITEM]

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
DOUG OSE

Mailing Address 4013 PARK RD.

City State Zip Code
SACRAMENTO CA 95841

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

Name of Employer Occupation
OSE PROPERTIES DEVELOPER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 986.23

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

Transaction ID: NON:A:1070

Amount of Each Receipt this Period
986.23

CATERING

B. Full Name (Last, First, Middle Initial)
PHILLIPS ROAD 160 INVESTORS II

Mailing Address 511 35TH ST.

City State Zip Code
SACRAMENTO CA 95816

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

Name of Employer Occupation
PARTNERSHIP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: INC:A:1037

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JEFF COLOMBINI

Mailing Address P. O. BOX 987

City State Zip Code
LINDEN CA 95236

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

Name of Employer Occupation
LODI FARMING, INC. FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 5

Transaction ID: INC:A:1048

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1986.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JANET DEBBER

Mailing Address **P. O. BOX 7048**

City **AUBURN** State **CA** Zip Code **95604**

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

Name of Employer **N/A** Occupation **NOT EMPLOYED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	5

Transaction ID: INC:A:1047

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
LESLEY KEMP

Mailing Address **112 KEMP CT.**

City **FOLSOM** State **CA** Zip Code **95630**

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

Name of Employer **N/A** Occupation **NOT EMPLOYED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	5

Transaction ID: INC:A:1046

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)
JEAN SAGOUSPE

Mailing Address **P. O. BOX 1365**

City **LOS BANOS** State **CA** Zip Code **93635**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	5

Transaction ID: INC:A:1045

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)	12500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JOHN UPSHAW

Mailing Address 6344 GREENRIDGE CT.

City State Zip Code
MARTINEZ CA 94553

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

Name of Employer Occupation
SELF ROOFER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 5

Transaction ID: INC:A:1044

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
SIDNEY DUNMORE

Mailing Address 2150 PROFESSIONAL DR., #150

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation
DUNMORE COMMUNITIES BUILDER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1051

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
STEVEN GIDARO

Mailing Address 621 MYSTIC LN.

City State Zip Code
SACRAMENTO CA 95864

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

Name of Employer Occupation
SELF INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1050

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
ROBERT LEAL

Mailing Address P. O. BOX H

City State Zip Code
YUBA CITY CA 95992

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

Name of Employer Occupation
SELF INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1054

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
LARRY MILLER

Mailing Address 16009 N. 81ST ST.

City State Zip Code
SCOTTSDALE AZ 85260

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

Name of Employer Occupation
MILLER HOLDINGS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1052

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JEFFREY NORTON

Mailing Address P. O. BOX 336

City State Zip Code
ROBBINS CA 95678

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

Name of Employer Occupation
DEMETER CORP. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1053

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	7500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
JAMES SYAR

Mailing Address P. O. BOX 2540

City NAPA State CA Zip Code 94558

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

Name of Employer SYAR INDUSTRIES Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: INC:A:1055

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
BD PROPERTIES, LLC

Mailing Address 735 SUNRISE AVE. #220

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1058

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ORIN BENNETT

Mailing Address 3017 DOUGLAS BLVD. #300

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer BD PROPERTIES, LLC Occupation MEMBER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: IDT:A:28

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
PHILLIPS ROAD 160 INVESTORS

Mailing Address 511 35TH ST.

City SACRAMENTO State CA Zip Code 95816

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: INC:A:1059

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM TURPIE, JR.

Mailing Address 2612 EDGEROCK RD.

City RENO State NV Zip Code 80509

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

Name of Employer SELF Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: INC:A:1057

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRIS BRITTON

Mailing Address 3843 TOOMES RD.

City MODESTO State CA Zip Code 95358

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

Name of Employer BRITTON KONYNENBURG PARTNERS Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: INC:A:1061

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
ENLOW OSE & ASSOC.

Mailing Address P. O. BOX 255543

City State Zip Code
SACRAMENTO CA 95865

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

Name of Employer Occupation
SOLE PROPRIETORSHIP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: INC:A:1062

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF ALICE DOWDIN FOR SUPERVISOR

Mailing Address P. O. BOX 478

City State Zip Code
AUBURN CA 95604

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1063

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CLAY LOOMIS

Mailing Address 4800 KETCHUM CT.

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
PACIFIC COAST BUILDING PR-OD. PRES.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1067

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
CLAY LOOMIS

Mailing Address 4800 KETCHUM CT.

City State Zip Code
GRANITE BAY CA 95746

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

Name of Employer Occupation
PACIFIC COAST BUILDING PR-OD. PRES.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1066

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DANIEL MATTOON

Mailing Address 6344 CAVALIER CORRIDOR

City State Zip Code
FALLS CHURCH VA 22044

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

Name of Employer Occupation
PODESTAMATTOON PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: INC:A:1065

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ENLOW OSE

Mailing Address P. O. BOX 255543

City State Zip Code
SACRAMENTO CA 95865

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

Name of Employer Occupation
ENLOW OSE & ASSOC. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: IDT:A:29

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. MARIE SAMBADO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address 6695 E. ASHLEY LN.		Transaction ID: INC:A:1060
City STOCKTON	State CA	Zip Code 95212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer PRIMA FRUTTA PARKING	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MARLIES DINSMORE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 8168 CHENIN BLANC LN.		Transaction ID: INC:A:1073
City FAIR OAKS	State CA	Zip Code 95628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer CINNAMON, CASTERTON & HAG-EDORN	Occupation PARALEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. LUCCHETTI RANCH		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 9300 DILLARD RD.		Transaction ID: INC:A:1071
City WILTON	State CA	Zip Code 95693
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation SOLE PROPRIETORSHIP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
DAVID LUCCHETTI

Mailing Address 9300 DILLARD RD.

City State Zip Code
WILTON CA 95693

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

Name of Employer Occupation
LUCCHETTI RANCH OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: IDT:A:31

Amount of Each Receipt this Period
2000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WENDY SOULE

Mailing Address 15 RACCOON LN.

City State Zip Code
TIBURON CA 94920

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

Name of Employer Occupation
SELF REAL ESTATE INVESTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: INC:A:1072

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	120986.23

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 44
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
CALIF. DAIRIES FEDERAL PAC

Mailing Address P. O. BOX 2198

City State Zip Code
LOS BANOS CA 93635

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: INC:A:1013

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
CONSTELLATION BRANDS, INC. PAC

Mailing Address 370 WOODCLIFF DR.

City State Zip Code
FAIRPORT NY 14450

FEC ID number of contributing federal political committee. **C** C00304832

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: INC:A:1008

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HEWLETT-PACKARD CO. PAC

Mailing Address 3000 HANOVER ST.

City State Zip Code
PALO ALTO CA 94304

FEC ID number of contributing federal political committee. **C** C00196725

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: INC:A:1014

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial)
WINE INSTITUTE PAC

Mailing Address 607 14TH ST. NW #800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00065219

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: INC:A:1009

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
POULTRY P.A.C. FEDERAL

Mailing Address 3117 MCHENRY AVE.

City State Zip Code
MODESTO CA 95350

FEC ID number of contributing federal political committee. **C** C00296269

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: INC:A:1049

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JACOBS GOOD GOV'T. FUND

Mailing Address 1111 S. ARROYO PKWY

City State Zip Code
PASADENA CA 91105

FEC ID number of contributing federal political committee. **C** C00142299

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: INC:A:1074

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

TOTAL This Period (last page this line number only) ► **21000.00**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. ADAMS SCREENPRINT		Transaction ID: EXP:B:1033 Date of Disbursement																					
Mailing Address 1225 OLD ALPHARETTA RD. #250		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	5														
City ALPHARETTA	State GA	Zip Code 30005	Amount of Each Disbursement this Period																				
Purpose of Disbursement SUPPLIES FOR FUNDRAISER		Category/ Type 003	3247.07																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. MCNALLY TEMPLE ASSOC.		Transaction ID: EXP:B:1030 Date of Disbursement																					
Mailing Address 1817 CAPITOL AVE.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	5														
City SACRAMENTO	State CA	Zip Code 95814	Amount of Each Disbursement this Period																				
Purpose of Disbursement SUPPLIES		Category/ Type 001	538.75																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.		Transaction ID: EXP:B:1036 Date of Disbursement																					
Mailing Address 10531 MEREWORTH LN.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	5														
City OAKTON	State VA	Zip Code 22124	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING COMMISSION		Category/ Type 003	19185.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	22970.82
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. WILEY REIN & FIELDING		Transaction ID: EXP:B:1028 Date of Disbursement																					
Mailing Address 1776 K ST. NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	1		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEGAL FEES		Category/ Type 001	1007.40																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. DOUG OSE		Transaction ID: NON:B:1070 Date of Disbursement																					
Mailing Address 4013 PARK RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	4		2	0	0	5														
City SACRAMENTO	State CA	Zip Code 95841	Amount of Each Disbursement this Period																				
Purpose of Disbursement CATERING		Category/ Type	986.23																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. AMERICA WEST AIRLINES		Transaction ID: EDT:B:78 Date of Disbursement																					
Mailing Address SAN FRANCISCO INT'L AIRPORT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	5														
City BURLINGAME	State CA	Zip Code 94000	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIRFARE		Category/ Type 001	2917.40																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	1993.63
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. ARAMARK LAKE TAHOE CRUISE		Transaction ID: EDT:B:80 Date of Disbursement																					
Mailing Address 900 SKI RUN BLVD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	5															
City SOUTH LAKE TAHOE	State CA	Zip Code 96150	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISER		Category/Type 001	1500.00																				
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. CARVER'S		Transaction ID: EDT:B:76 Date of Disbursement																					
Mailing Address 1530 EUREKA RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	5															
City ROSEVILLE	State CA	Zip Code 95661	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEETING		Category/Type 001	347.44																				
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. EDGEWOOD TAHOE GOLF COURSE		Transaction ID: EDT:B:75 Date of Disbursement																					
Mailing Address P. O. BOX 5400		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	5	
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	5															
City STATELINE	State NV	Zip Code 89449	Amount of Each Disbursement this Period																				
Purpose of Disbursement SUPPLIES FOR FUNDRAISER		Category/Type 003	58.00																				
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 36 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. EDGEWOOD TAHOE GOLF COURSE		Transaction ID: EDT:B:77 Date of Disbursement 10 / 17 / 2005
Mailing Address P. O. BOX 5400		Amount of Each Disbursement this Period 5600.00
City STATELINE State NV Zip Code 89449	Purpose of Disbursement FUNDRAISER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. EDGEWOOD TAHOE GOLF COURSE		Transaction ID: EDT:B:86 Date of Disbursement 10 / 17 / 2005
Mailing Address P. O. BOX 5400		Amount of Each Disbursement this Period 383.37
City STATELINE State NV Zip Code 89449	Purpose of Disbursement FUNDRAISER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. EDGEWOOD TAHOE GOLF COURSE		Transaction ID: EDT:B:84 Date of Disbursement 10 / 17 / 2005
Mailing Address P. O. BOX 5400		Amount of Each Disbursement this Period 1582.08
City STATELINE State NV Zip Code 89449	Purpose of Disbursement FUNDRAISER Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM]
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 44

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

<p>A. FIRST CARD</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P. O. BOX 94014</p> <p>City PALATINE State IL Zip Code 60094</p> <p>Purpose of Disbursement CREDIT CARD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: EXP:B:1043</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19991.65"/></p>
<p>Purpose of Disbursement CREDIT CARD</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="003"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. RALEY'S</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4010 LAKE TAHOE BLVD.</p> <p>City SOUTH LAKE TAHOE State CA Zip Code 96150</p> <p>Purpose of Disbursement FUNDRAISER SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: EDT:B:87</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="246.00"/></p>
<p>Purpose of Disbursement FUNDRAISER SUPPLIES</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>[MEMO ITEM]</p>

<p>C. RIVA GRILL ON THE LAKE</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 900 SKI RUN BLVD.</p> <p>City SOUTH LAKE TAHOE State CA Zip Code 96150</p> <p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: EDT:B:85</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3815.83"/></p>
<p>Purpose of Disbursement FUNDRAISER</p> <p>Candidate Name</p> <p>Category/Type <input type="text" value="001"/></p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="19991.65"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. RIVA GRILL ON THE LAKE

Full Name (Last, First, Middle Initial)
RIVA GRILL ON THE LAKE

Mailing Address 900 SKI RUN BLVD.

City SOUTH LAKE TAHOE State CA Zip Code 96150

Purpose of Disbursement FUNDRAISER

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: EDT:B:81
Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B. SEE'S CANDY

Full Name (Last, First, Middle Initial)
SEE'S CANDY

Mailing Address 1752 DOUGLAS BLVD.

City ROSEVILLE State CA Zip Code 95661

Purpose of Disbursement FUNDRAISER SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: EDT:B:83
Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

547.60

[MEMO ITEM]

C. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.

Full Name (Last, First, Middle Initial)
SIERRA DOMINION FINANCIAL SOLUTIONS, INC.

Mailing Address 10531 MEREWORTH LN.

City OAKTON State VA Zip Code 22124

Purpose of Disbursement FUNDRAISING COMMISSION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: EXP:B:1041
Date of Disbursement

10 / 17 / 2005

Amount of Each Disbursement this Period

900.00

SUBTOTAL of Disbursements This Page (optional) ▶

900.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. THE COUNTRY CLUB AT WOODMORE		Transaction ID: EDT:B:82 Date of Disbursement																					
Mailing Address 12220 PLEASANT PROSPECT RD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	5														
City MITCHELLVILLE	State MD	Zip Code 20721	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISER SUPPLIES		Category/ Type 001	884.09																				
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Transaction ID: EDT:B:79 Date of Disbursement																					
Mailing Address NATIONAL AIRPORT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	7		2	0	0	5														
City WASHINGTON	State DC	Zip Code 20000	Amount of Each Disbursement this Period																				
Purpose of Disbursement AIRFARE		Category/ Type 001	1268.60																				
Candidate Name		[MEMO ITEM]																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. JOHNSONCLARK ASSOC.		Transaction ID: EXP:B:1068 Date of Disbursement																					
Mailing Address 2150 RIVER PLAZA DR. #150		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	6		2	0	0	5														
City SACRAMENTO	State CA	Zip Code 95833	Amount of Each Disbursement this Period																				
Purpose of Disbursement SHIPPING		Category/ Type 001	19.19																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	19.19
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial) A. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.		Transaction ID: EXP:B:1069 Date of Disbursement
Mailing Address 10531 MEREWORTH LN.		<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City OAKTON	State VA	Zip Code 22124
Purpose of Disbursement FUNDRAISING COMMISSION	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.		Transaction ID: EXP:B:1075 Date of Disbursement
Mailing Address 10531 MEREWORTH LN.		<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City OAKTON	State VA	Zip Code 22124
Purpose of Disbursement FUNDRAISING COMMISSION	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. SIERRA DOMINION FINANCIAL SOLUTIONS, INC.		Transaction ID: EXP:B:1076 Date of Disbursement
Mailing Address 10531 MEREWORTH LN.		<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City OAKTON	State VA	Zip Code 22124
Purpose of Disbursement FUNDRAISING COMMISSION	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6072.93"/>
TOTAL This Period (last page this line number only)	<input type="text" value="51948.22"/>

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial)
A. ALFRED MONTNA

Mailing Address 12755 GARDEN HWY

City YUBA CITY State CA Zip Code 95991

Purpose of Disbursement
REFUND

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: EXP:B:1035

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

**SCHEDULE B (FEC Form 3X)
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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

Full Name (Last, First, Middle Initial)
A. PARENTS FOR PROP. 73

Mailing Address 1029 K ST. #44

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
STATE BALLOT MEASURE

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: EXP:B:1077
Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE D (FEC Form 3X)

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)
SUPERIOR CALIFORNIA FEDERAL LEADERSHIP PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ADAMS SCREENPRINT	Nature of Debt (Purpose): SUPPLIES FOR FUNDRAISER
Mailing Address 1225 OLD ALPHARETTA RD. #250	
City State ZIP Code ALPHARETTA GA 30005	

Outstanding Balance Beginning This Period 3247.07	Transaction ID: PAY:D:1032	
Amount Incurred This Period 0.00	Payment This Period 3247.07	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCNALLY TEMPLE ASSOC.	Nature of Debt (Purpose): SUPPLIES
Mailing Address 1817 CAPITOL AVE.	
City State ZIP Code SACRAMENTO CA 95814	

Outstanding Balance Beginning This Period 538.75	Transaction ID: PAY:D:996	
Amount Incurred This Period 0.00	Payment This Period 538.75	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WILEY REIN & FIELDING	Nature of Debt (Purpose): LEGAL FEES
Mailing Address 1776 K ST. NW	
City State ZIP Code WASHINGTON DC 20006	

Outstanding Balance Beginning This Period 1007.40	Transaction ID: PAY:D:997	
Amount Incurred This Period 0.00	Payment This Period 1007.40	Outstanding Balance at Close of This Period 0.00

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

Image# 26950014572

Form/Schedule: **F3XA**

Summary page lines 23 & 29 col. B updated due to prior period amendment

Transaction ID:
