

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

CITIZENS FOR WATERS

Report Covering the Period: From:

M M D D Y Y Y Y
0 7 0 1 2 0 0 6

To:

M M D D Y Y Y Y
0 9 3 0 2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	60545.00	273090.32
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	60545.00	273090.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	131744.91	498032.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	174821.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	131744.91	323210.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33204.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	12246.54	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	45652.86	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
CITIZENS FOR WATERS

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

11510.00

37010.00

(ii) Unitemized.....

11705.00

12679.99

(iii) TOTAL of contributions

23215.00

157926.99

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

37330.00

115163.33

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

60545.00

273090.32

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

0.00

13. LOANS

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

0.00

2000.00

(b) All Other Loans.....

0.00

4000.00

(c) TOTAL LOANS

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

0.00

6000.00

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

0.00

174821.79

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

0.00

1000.00

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

60545.00

454912.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	131744.91	498032.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2000.00	2000.00
(b) Of all Other Loans.....	0.00	4000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2000.00	6000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	20600.00	59322.75
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	154344.91	563355.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	127003.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	60545.00
25. SUBTOTAL (add Line 23 and Line 24).....	187548.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	154344.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33204.08

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Eva Anderson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6	
Mailing Address P.O. Box 180100		Transaction ID: 11 ai2881	
City Los Angeles	State CA	Zip Code 90018	Amount of Each Receipt this Period 105.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Eva's R.C.F.E.	Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 245.00			

Full Name (Last, First, Middle Initial) B. Eva Anderson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6	
Mailing Address P.O. Box 180100		Transaction ID: 11 ai2882	
City Los Angeles	State CA	Zip Code 90018	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Eva's R.C.F.E.	Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 245.00			

Full Name (Last, First, Middle Initial) C. Eva Anderson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6	
Mailing Address P.O. Box 180100		Transaction ID: 11 ai3022	
City Los Angeles	State CA	Zip Code 90018	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Eva's R.C.F.E.	Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 245.00			

SUBTOTAL of Receipts This Page (optional)	245.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Hi Susanna Arellano

Mailing Address 16106 Central Ave.

City State Zip Code
La Puente CA 91744

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 11 ai3122

Amount of Each Receipt this Period
350.00

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

B. Full Name (Last, First, Middle Initial)
Orlando Bullocks

Mailing Address 8907 Debra Ave.

City State Zip Code
North Hills CA 91343

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2006

Transaction ID: 11 ai2925

Amount of Each Receipt this Period
1050.00

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

C. Full Name (Last, First, Middle Initial)
Luis A. Carrillo

Mailing Address 625 Fair Oaks Ave. Suite 180

City State Zip Code
S. Pasadena CA 91030

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

Name of Employer Law Office of Luis A. Carrillo Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 11 ai3120

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Zeeda M. Daniele

Mailing Address 11304 Dona Lola Dr.

City State Zip Code
Studio City CA 91604

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

Name of Employer Fannie Mae Occupation Senior Deputy Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2006

Transaction ID: 11ai3067

Amount of Each Receipt this Period
350.00

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

B. Full Name (Last, First, Middle Initial)
Zeeda M. Daniele

Mailing Address 11304 Dona Lola Dr.

City State Zip Code
Studio City CA 91604

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

Name of Employer Fannie Mae Occupation Senior Deputy Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: 11ai3115

Amount of Each Receipt this Period
-350.00

Returned Item - NSF

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

C. Full Name (Last, First, Middle Initial)
Zeeda M. Daniele

Mailing Address 11304 Dona Lola Dr.

City State Zip Code
Studio City CA 91604

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

Name of Employer Fannie Mae Occupation Senior Deputy Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: 11ai3118

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Zeeda M. Daniele		Date of Receipt MM / DD / YYYY 09 / 29 / 2006
Mailing Address 11304 Dona Lola Dr.		Transaction ID: 11 ai3130
City State Zip Code Studio City CA 91604	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -350.00
Name of Employer Fannie Mae	Occupation Senior Deputy Director	Returned Item - NSF
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 0.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. Eugene L. Fisher		Date of Receipt MM / DD / YYYY 08 / 27 / 2006
Mailing Address 4233 Don Ortega Place		Transaction ID: 11 ai2956
City State Zip Code Los Angeles CA 90008	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 315.00
Name of Employer Gene Fisher & Associates	Occupation Environmental & Gov't Relation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1315.00	

Full Name (Last, First, Middle Initial) C. Chris L. Floyd		Date of Receipt MM / DD / YYYY 08 / 27 / 2006
Mailing Address 8434 Pocket Rd. #271		Transaction ID: 11 ai2967
City State Zip Code Sacramento CA 95831	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 455.00
Name of Employer None	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 455.00	

SUBTOTAL of Receipts This Page (optional)	▶	420.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Marvel M Ford		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 21025 Lemarsh Unit E29		Transaction ID: 11 ai2940
City State Zip Code Chatsworth CA 91311	Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Retired	Election Cycle-to-Date ▼ 280.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lester L Gardiner		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 4087 W 135th Street Unit A		Transaction ID: 11 ai2947
City State Zip Code Hawthorne CA 90250	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Retired	Election Cycle-to-Date ▼ 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Francine Louis		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 1314 Schenectady Ave.		Transaction ID: 11 ai3106
City State Zip Code Brooklyn NY 11203	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Retired	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1130.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Philis M Love		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6	
Mailing Address 3924 Magnolia Ave.		Transaction ID: 11 ai3021	
City Lynwood	State CA	Amount of Each Receipt this Period 350.00	
Zip Code 90262		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Charlene L Meeks		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6	
Mailing Address 25343 Silver Aspen Way #335		Transaction ID: 11 ai2969	
City Valencia	State CA	Amount of Each Receipt this Period 175.00	
Zip Code 91381		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Charlene L Meeks		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6	
Mailing Address 25343 Silver Aspen Way #335		Transaction ID: 11 ai3026	
City Valencia	State CA	Amount of Each Receipt this Period 35.00	
Zip Code 91381		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Morongo Band of Mission Indians Native American Right Fund-B		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2006
Mailing Address P.O.Box 366		Transaction ID: 11 ai3124
City Cabazon	State CA	Zip Code 92230-0366
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dennis Norman		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2006
Mailing Address 208 Lancaster		Transaction ID: 11 ai3114
City Clayton	State MO	Zip Code 63105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SAAMAN Realtors	Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Reginald Pope		Date of Receipt M M / D D / Y Y Y Y Y 08 / 27 / 2006
Mailing Address 2014 W 82nd Street		Transaction ID: 11 ai3064
City Los Angeles	State CA	Zip Code 90047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Missionary Baptist Church	Occupation Pastor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	2350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Maria A Sanchez

Mailing Address 704 West Buckthorn

City Inglewood State CA Zip Code 90301

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2006

Transaction ID: 11ai3050

Amount of Each Receipt this Period
 350.00

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

B. Full Name (Last, First, Middle Initial)
Maria A Sanchez

Mailing Address 704 West Buckthorn

City Inglewood State CA Zip Code 90301

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: 11ai3131

Amount of Each Receipt this Period
 -350.00

Returned Item - NSF

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

C. Full Name (Last, First, Middle Initial)
Diane E Walker

Mailing Address 6709 La Tijera #426

City Los Angeles State CA Zip Code 90045

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2006

Transaction ID: 11ai3121

Amount of Each Receipt this Period
 2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Jeannie Lavern Washington		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2006	
Mailing Address 11919 Covello St.		Transaction ID: 11 ai2899	
City State Zip Code North Hollywood CA 91605	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation LAUSD Teacher	Election Cycle-to-Date 550.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Carolyn R. Wilder		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2006	
Mailing Address 4944 Southridge Ave.		Transaction ID: 11 ai2893	
City State Zip Code Los Angeles CA 90043	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Wilder's Preparatory Academy Executive/Owner	Election Cycle-to-Date 350.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Earnestine T Wilson		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2006	
Mailing Address 684 E. 120th St.		Transaction ID: 11 ai3078	
City State Zip Code Los Angeles CA 90059	Amount of Each Receipt this Period 700.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Los Angeles Community College Dist. Education Administrator	Election Cycle-to-Date 1100.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) Randall L. Woods		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 4857 W. 136th St.		Transaction ID: 11 ai2891
City State Zip Code Hawthorne CA 90250-5631	Amount of Each Receipt this Period 105.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None Retired	Election Cycle-to-Date ▼ 205.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Cunningham Consulting Service		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 5626 Canterbury Dr.		Transaction ID: 11 ai3000
City State Zip Code Culver City CA 90230	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None Retired	Election Cycle-to-Date ▼ 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Attribution below	

C. Full Name (Last, First, Middle Initial) Judith Cunningham		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6
Mailing Address 5626 Canterbury Dr.		Transaction ID: 11 ai13000
City State Zip Code Culver City CA 90230	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cunningham Consulting Service Consulting	Election Cycle-to-Date ▼ 350.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Partnership attribution	

SUBTOTAL of Receipts This Page (optional) ▶	455.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
In His Steps Ministries

Mailing Address 5730 W Adams Blvd.

City State Zip Code
Los Angeles CA 90016

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2006

Transaction ID: 11 ai3055

Amount of Each Receipt this Period
350.00

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

Attribution below

B. Full Name (Last, First, Middle Initial)
Eric Lee

Mailing Address 2602 W. 111th St.

City State Zip Code
Inglewood CA 90303

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

Name of Employer Occupation
S.C.L.C. of Great L.A. Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2350.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2006

Transaction ID: 11 ai13055

Amount of Each Receipt this Period
350.00

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

[MEMO ITEM]
Partnership attribution

C. Full Name (Last, First, Middle Initial)
Saint Timothy's Episcopal Day School

Mailing Address 312 S. Oleander Ave.

City State Zip Code
Compton CA 90220

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
175.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2006

Transaction ID: 11 ai3017

Amount of Each Receipt this Period
175.00

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

Attribution below

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Matthew Love

Mailing Address 312 S Oleander Ave.

City State Zip Code
Compton CA 90220

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

Name of Employer St. Timothy's Occupation Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 6

Transaction ID: 11ai3017

Amount of Each Receipt this Period
175.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership attribution

B. Full Name (Last, First, Middle Initial)
St. Timothy's Episcopal Church

Mailing Address 312 S. Oleander Ave.

City State Zip Code
Compton CA 90220

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 175.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 6

Transaction ID: 11ai3016

Amount of Each Receipt this Period
175.00

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

C. Full Name (Last, First, Middle Initial)
Matthew Love

Mailing Address 312 S Oleander Ave.

City State Zip Code
Compton CA 90220

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

Name of Employer St. Timothy's Occupation Treasurer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 6

Transaction ID: 11ai3016

Amount of Each Receipt this Period
175.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership attribution

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	11510.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
AFLAC INC. PAC

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 19 / 2006

Transaction ID: 11c3111

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Federation of State, County & Municipal Employees

Mailing Address 1625 L Street

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 08 / 2006

Transaction ID: 11c2954

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
ATLA PAC - Association of Trial Lawyers PAC

Mailing Address 1050 31st Street NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 03 / 2006

Transaction ID: 11c2856

Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
CA Assn Of Mortgage Brokers PAC

Mailing Address 785 Orchard Dr. 225

City State Zip Code
Folsom CA 95630

FEC ID number of contributing federal political committee. **C** C00322560

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

70.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2006

Transaction ID: 11c2950

Amount of Each Receipt this Period
70.00

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

B. Full Name (Last, First, Middle Initial)
DPAC

Mailing Address 70 West 36th St., Ste.16

City State Zip Code
New York NY 10018-8007

FEC ID number of contributing federal political committee. **C** C00402248

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2006

Transaction ID: 11c2857

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
DRIVE COMMITTEE

Mailing Address 25 Louisana Avenue N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 11c2953

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	6070.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 57
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Fannie Mae PAC-Federal National Mortgage Assn.PAC

Mailing Address 3900 Wisconsin Ave.,NW

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00393520

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2006

Transaction ID: 11c2858

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
Human Rights Campaign Fund PAC

Mailing Address 1640 Rhode Island Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1025.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2006

Transaction ID: 11c3109

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Human Rights Campaign Fund PAC

Mailing Address 1640 Rhode Island Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1025.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2006

Transaction ID: 11c3126

Amount of Each Receipt this Period
 25.00

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

SUBTOTAL of Receipts This Page (optional)	3525.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Humane USA PAC

Mailing Address PO Box 19224

City Washington State DC Zip Code 20036-9224

FEC ID number of contributing federal political committee. **C** C00350439

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 11c3110

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
I.B.E.W.-C.O.P.E.

Mailing Address 900 Seventh Street N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2006

Transaction ID: 11c2855

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Los Angeles NAACP

Mailing Address 3910 Martin Luther King Blvd.

City Los Angeles State CA Zip Code 90008

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2006

Transaction ID: 11c2898

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	3350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Friends Of Dan Medina		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2006	
Mailing Address 15517 Van Buren Ave.		Transaction ID: 11c2971	
City State Zip Code Gardena CA 90247	Amount of Each Receipt this Period 35.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 35.00		

Full Name (Last, First, Middle Initial) B. NATIONAL THOROUGHbred RACING ASSOCIATION PAC,INC. (NTRA PAC,INC.)		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 2525 Harrodsburg Rd.		Transaction ID: 11c2952	
City State Zip Code Lexington KY 40504	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00360008		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Professional Airways Systems Specialists		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006	
Mailing Address 1150 17th St.,Ste.702		Transaction ID: 11c3112	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00286807		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	3535.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 57
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

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

Mailing Address 430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2006

Transaction ID: 11c2854

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
Sheet Metal Workers' International Association Political Action League

Mailing Address 1750 New York Avenue N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2006

Transaction ID: 11c3123

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Taxpayers For Rod Wright

Mailing Address 555 S. Flower Street Suite 4210

City Los Angeles State CA Zip Code 90071

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2006

Transaction ID: 11c3104

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	5350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 57
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. The Ascip Legislative Fund For The Arts		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 1 Lincoln Plaza		Transaction ID: 11c3105
City State Zip Code New York NY 10023	FEC ID number of contributing federal political committee. C C00228296	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. The NEA Fund For Children & Public Education		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 1201 16th Street N.W., Suite 421		Transaction ID: 11c2859
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C C00003251	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. UAW V CAP		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2006
Mailing Address 8000 E. Jefferson		Transaction ID: 11c2860
City State Zip Code Detroit MI 48212	FEC ID number of contributing federal political committee. C C00002840	Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	37330.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Advanced Party Rentals		Transaction ID: B172213 Date of Disbursement
Mailing Address 11962 Prairie Ave.		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City Hawthorne	State CA	Zip Code 90250
Purpose of Disbursement Equipment Rental for Event	<input type="text" value="007"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. AT&T		Transaction ID: B172207 Date of Disbursement
Mailing Address Payment Center		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Sacramento	State CA	Zip Code 95887-0001
Purpose of Disbursement Phone	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. AT&T		Transaction ID: B172173 Date of Disbursement
Mailing Address Payment Center		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Sacramento	State CA	Zip Code 95887-0001
Purpose of Disbursement Phone	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Ballons By Dion Full Name (Last, First, Middle Initial) Mailing Address 9710 3rd Ave. City Inglewood State CA Zip Code 90305 Purpose of Disbursement Decorations for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B172212 Date of Disbursement 08 / 24 / 2006 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Broadcast Solutions, LLC Full Name (Last, First, Middle Initial) Mailing Address 13806 Goosefoot Terr. City Rockville State MD Zip Code 20850 Purpose of Disbursement FAX INVITATIONS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B172208 Date of Disbursement 09 / 14 / 2006 Amount of Each Disbursement this Period 310.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. California Bank & Trust Full Name (Last, First, Middle Initial) Mailing Address P.O.Box 30833 City Salt Lake City State UT Zip Code 84130-0833 Purpose of Disbursement Credit Card Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B172172 Date of Disbursement 08 / 17 / 2006 Amount of Each Disbursement this Period 5928.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	6488.32
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: B172266 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address Los Angeles International Airport		Amount of Each Disbursement this Period 732.59
City Los Angeles State CA Zip Code 90045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare: Wash.DC-Raleigh/Durham-Houston	Candidate Name	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: B172269 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address Los Angeles International Airport		Amount of Each Disbursement this Period 228.60
City Los Angeles State CA Zip Code 90045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare: LAX-San Francisco-LAX	Candidate Name	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Airlines		Transaction ID: B172270 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address Los Angeles International Airport		Amount of Each Disbursement this Period 228.60
City Los Angeles State CA Zip Code 90045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare: LAX-San Francisco-LAX	Candidate Name	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. US Air		Transaction ID: B172267 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address Washington Airport		Amount of Each Disbursement this Period 653.60
City Washington State DC Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See TEXT record for description Candidate Name	002 Category/Type	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Air		Transaction ID: B172268 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6
Mailing Address Washington Airport		Amount of Each Disbursement this Period 653.60
City Washington State DC Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See TEXT record for description Candidate Name	002 Category/Type	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Air		Transaction ID: B172273 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address Washington Airport		Amount of Each Disbursement this Period 768.90
City Washington State DC Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See TEXT record for description Candidate Name	002 Category/Type	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. US Air		Transaction ID: B172274 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6
Mailing Address Washington Airport		Amount of Each Disbursement this Period 768.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code	Purpose of Disbursement See TEXT record for description Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase

Full Name (Last, First, Middle Initial) B. Hyatt Hotel		Transaction ID: B172280 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 6
Mailing Address 1000 H Street		Amount of Each Disbursement this Period 3769.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001	Purpose of Disbursement See TEXT record for description Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: B172278 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 10250 Santa Monica Blvd., #5		Amount of Each Disbursement this Period 304.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90067	Purpose of Disbursement Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Oceanaire		Transaction ID: B172279 Date of Disbursement MM / DD / YYYY 09 / 08 / 2006
Mailing Address 1201 F Street, NW		Amount of Each Disbursement this Period 368.63
City Washington State DC Zip Code 20004	Purpose of Disbursement Dinner Meeting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase

Full Name (Last, First, Middle Initial) B. Airtran Air		Transaction ID: B172281 Date of Disbursement MM / DD / YYYY 09 / 11 / 2006
Mailing Address Atlanta Airport		Amount of Each Disbursement this Period 345.20
City Atlanta State GA Zip Code	Purpose of Disbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase

Full Name (Last, First, Middle Initial) C. Omni Hotels		Transaction ID: B172275 Date of Disbursement MM / DD / YYYY 07 / 30 / 2006
Mailing Address 155 Temple St.		Amount of Each Disbursement this Period 476.00
City New Haven State CT Zip Code 06510	Purpose of Disbursement See TEXT record for description Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 57

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Omni Hotels		Transaction ID: B172276 Date of Disbursement 07 / 30 / 2006
Mailing Address 155 Temple St.		Amount of Each Disbursement this Period 495.04
City New Haven State CT Zip Code 06510	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See TEXT record for description Candidate Name	002 Category/Type	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hyatt Hotel (O'Hare)		Transaction ID: B172277 Date of Disbursement 08 / 14 / 2006
Mailing Address O'Hare International Airport		Amount of Each Disbursement this Period 237.03
City Rosemont State IL Zip Code	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hotel Candidate Name	002 Category/Type	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Goodwin Hotel		Transaction ID: B172271 Date of Disbursement 07 / 24 / 2006
Mailing Address 1 Haynes St.		Amount of Each Disbursement this Period 308.22
City Hartford State CT Zip Code 06103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement See TEXT record for description Candidate Name	002 Category/Type	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. The Odeon Cafe		Transaction ID: B172272 Date of Disbursement 07 / 25 / 2006
Mailing Address 1714 Connecticut Ave. N.W.		Amount of Each Disbursement this Period 342.38
City Washington State DC Zip Code 20009	Purpose of Disbursement Meeting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] See Schedule D California Bank & Trust: credit card purchase
Category/Type: 007		

Full Name (Last, First, Middle Initial) B. California Science Center Foundation		Transaction ID: B172214 Date of Disbursement 09 / 27 / 2006
Mailing Address 700 State Drive		Amount of Each Disbursement this Period 4000.00
City Los Angeles State CA Zip Code 90037	Purpose of Disbursement Facility rental for event Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 007		

Full Name (Last, First, Middle Initial) C. COMCAST		Transaction ID: B172218 Date of Disbursement 09 / 29 / 2006
Mailing Address PO BOX 660702		Amount of Each Disbursement this Period 207.83
City DALLAS State TX Zip Code 75266-0702	Purpose of Disbursement Cable & Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	4207.83
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. COMCAST Full Name (Last, First, Middle Initial) Mailing Address PO BOX 660702 City DALLAS State TX Zip Code 75266-0702 Purpose of Disbursement Cable & Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B172174 Date of Disbursement 08 / 17 / 2006 Amount of Each Disbursement this Period 415.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. David Gould Company Full Name (Last, First, Middle Initial) Mailing Address 555 So. Flower St., #4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Slate Mailer Ofc. Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B172188 Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 520.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. David Gould Company Full Name (Last, First, Middle Initial) Mailing Address 555 So. Flower St., #4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Slate Mailer Rept. Svcs. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B172187 Date of Disbursement 08 / 29 / 2006 Amount of Each Disbursement this Period 7388.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	8324.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. David L. Gould Company		Transaction ID: B172205 Date of Disbursement 09 / 11 / 2006
Mailing Address 555 S.Flower Street #4210		Amount of Each Disbursement this Period 515.88
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Office Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. David L. Gould Company		Transaction ID: B172204 Date of Disbursement 08 / 24 / 2006
Mailing Address 555 S.Flower Street #4210		Amount of Each Disbursement this Period 670.04
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Office Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. David L. Gould Company		Transaction ID: B172193 Date of Disbursement 08 / 24 / 2006
Mailing Address 555 S.Flower Street #4210		Amount of Each Disbursement this Period 178.27
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Office Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1364.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. David L. Gould Company		Transaction ID: B172192 Date of Disbursement 09 / 11 / 2006
Mailing Address 555 S.Flower Street #4210		Amount of Each Disbursement this Period 1338.25
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Political Reporting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. David L. Gould Company		Transaction ID: B172191 Date of Disbursement 08 / 24 / 2006
Mailing Address 555 S.Flower Street #4210		Amount of Each Disbursement this Period 2368.75
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Political Reporting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. David L. Gould Company		Transaction ID: B172190 Date of Disbursement 08 / 24 / 2006
Mailing Address 555 S.Flower Street #4210		Amount of Each Disbursement this Period 529.00
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Political Reporting Services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4236.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

<p>A. Full Name (Last, First, Middle Initial) Inglewood Family Corporation</p>		<p>Transaction ID: B172195 Date of Disbursement</p> <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>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	1		2	0	0	6													
<p>Mailing Address 233A S. Market Street</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1803.45</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1803.45																			
1803.45																						
<p>City Inglewood State CA Zip Code 90301</p>	<p>Purpose of Disbursement Rent & Utilities for Headquarters</p>																					
<p>Candidate Name</p>	<p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>B. Full Name (Last, First, Middle Initial) Inglewood Family Corporation</p>		<p>Transaction ID: B172162 Date of Disbursement</p> <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>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		0	1		2	0	0	6													
<p>Mailing Address 233A S. Market Street</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1824.70</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1824.70																			
1824.70																						
<p>City Inglewood State CA Zip Code 90301</p>	<p>Purpose of Disbursement Rent & Utilities for Headquarters</p>																					
<p>Candidate Name</p>	<p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>C. Full Name (Last, First, Middle Initial) Inglewood Family Corporation</p>		<p>Transaction ID: B172127 Date of Disbursement</p> <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>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	0	6													
<p>Mailing Address 233A S. Market Street</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td>1913.61</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1913.61																			
1913.61																						
<p>City Inglewood State CA Zip Code 90301</p>	<p>Purpose of Disbursement Rent & Utilities for Headquarters</p>																					
<p>Candidate Name</p>	<p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5541.76</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Integrity Partners & Associates LLC		Transaction ID: B172194 Date of Disbursement 08 / 31 / 2006
Mailing Address 1212 S. Victory Blvd.		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91502	Purpose of Disbursement Fundraising Commission Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Integrity Partners & Associates LLC		Transaction ID: B172166 Date of Disbursement 08 / 16 / 2006
Mailing Address 1212 S. Victory Blvd.		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91502	Purpose of Disbursement Fundraising Commission Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Integrity Partners & Associates LLC		Transaction ID: B172165 Date of Disbursement 08 / 16 / 2006
Mailing Address 1212 S. Victory Blvd.		Amount of Each Disbursement this Period 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91502	Purpose of Disbursement Fundraising Commission Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4175.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Integrity Partners & Associates LLC		Transaction ID: B172161 Date of Disbursement 07 / 21 / 2006
Mailing Address 1212 S. Victory Blvd.		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Burbank State CA Zip Code 91502		
Purpose of Disbursement Fundraising Commission Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kaufman Downing LLP		Transaction ID: B172189 Date of Disbursement 08 / 29 / 2006
Mailing Address 777 S. Figueroa St., Ste.4050		Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90017-5864		
Purpose of Disbursement Slate Mailer Legal Fees Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Maxine Waters		Transaction ID: B172219 Date of Disbursement 09 / 29 / 2006
Mailing Address 10124 S. Broadway		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90003		
Purpose of Disbursement Administrative Services Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8200.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. White Knight Executive Services		Transaction ID: B172220 Date of Disbursement 09 / 18 / 2006
Mailing Address 9454 Wilshire Blvd.		Amount of Each Disbursement this Period 200.00
City Beverly Hills State CA Zip Code 90212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subvender	
Purpose of Disbursement Administrative Services Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: B172216 Date of Disbursement 09 / 29 / 2006
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 1011.38
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverages for fundraiser Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Political Data Inc.		Transaction ID: B172215 Date of Disbursement 09 / 29 / 2006
Mailing Address P.O.Box 1706		Amount of Each Disbursement this Period 807.26
City Burbank State CA Zip Code 91507	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Labels for Mailing Candidate Name		004 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1818.64
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Printco Graphics Inc.		Transaction ID: B172217 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 2943 Supply Avenue		Amount of Each Disbursement this Period 2652.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Commerce State CA Zip Code 90040		
Purpose of Disbursement Printing of Flyers & Postcards Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Printco Graphics Inc.		Transaction ID: B172202 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 2943 Supply Avenue		Amount of Each Disbursement this Period 562.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Commerce State CA Zip Code 90040		
Purpose of Disbursement Tickets for fundraising event Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Progressive Connections		Transaction ID: B172186 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 4032 Wilshire Boulevard #302		Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90010		
Purpose of Disbursement Slate Mailer Mgmt. Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	33215.03
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Progressive Connections		Transaction ID: B172185 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address 4032 Wilshire Boulevard #302		Amount of Each Disbursement this Period 50000.00
City Los Angeles State CA Zip Code 90010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement State Mailer Mgmt.	Candidate Name	004 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tresa's Gourmet Catering		Transaction ID: B172230 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 3429 Potomac Ave.		Amount of Each Disbursement this Period 1521.00
City Los Angeles State CA Zip Code 90016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Catering	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: B172201 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 178.42
City Mission Hills State CA Zip Code 91346-9622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Phone	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	51699.42
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: B172168 Date of Disbursement 08 / 16 / 2006
Mailing Address PO Box 9622		Amount of Each Disbursement this Period 331.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mission Hills	State CA Zip Code 91346-9622	
Purpose of Disbursement Phone Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wayne Cleaves		Transaction ID: B172211 Date of Disbursement 08 / 26 / 2006
Mailing Address 4641 Madden Ave.		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles	State CA Zip Code 90043	
Purpose of Disbursement Entertainment for event Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. White Knight Executive Services		Transaction ID: B172164 Date of Disbursement 08 / 15 / 2006
Mailing Address 9454 Wilshire Blvd.		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Beverly Hills	State CA Zip Code 90212	
Purpose of Disbursement Administrative Services Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	831.01
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial)
Human Rights Campaign Fund PAC

Mailing Address 1640 Rhode Island Avenue, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Web Communication

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B173126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Full Name (Last, First, Middle Initial)
Unitemized disbursements

Mailing Address 555 S.Flower St., Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Unitemized expenses

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B1709/30/2006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial)

A. Maxine Waters

Mailing Address 10124 S. Broadway

City Los Angeles State CA Zip Code 90003

Purpose of Disbursement
Loan Payment (Principal)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: B19(a)2196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Artists For A New South Africa		Transaction ID: B212210 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 2999 Overland Ave. Suite 102		Amount of Each Disbursement this Period 500.00
City Los Angeles State CA Zip Code 90064	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Civic Donation	Candidate Name	012 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: B212221 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 430 S. Capitol SE		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Excess Campaign Funds	Candidate Name	011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: B212199 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 430 S. Capitol SE		Amount of Each Disbursement this Period 7500.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Excess Campaign Funds	Candidate Name	011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	18000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 57

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

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NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Full Name (Last, First, Middle Initial) A. Merle Davis Retirement Dinner		Transaction ID: B212203 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 555 So. Flower St., Ste.4210		Amount of Each Disbursement this Period 100.00
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Donation	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 012

Full Name (Last, First, Middle Initial) B. Merle Davis Retirement Dinner		Transaction ID: B212184 Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 555 So. Flower St., Ste.4210		Amount of Each Disbursement this Period 500.00
City Los Angeles State CA Zip Code 90071	Purpose of Disbursement Donation	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 012

Full Name (Last, First, Middle Initial) C. Roth for Congress		Transaction ID: B212198 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address PO Box 1107		Amount of Each Disbursement this Period 2000.00
City La Quinta State CA Zip Code 92247	Purpose of Disbursement Political Contribution	
Candidate Name David Roth		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	20600.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 46 / 57
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

Transaction ID: C102799

LOAN SOURCE Full Name (Last, First, Middle Initial) Maxine Waters	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 10124 S. Broadway Personal Funds	
City Los Angeles State CA ZIP Code 90003	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	2000.00	0.00

TERMS

Date Incurred M M 03 D D 30 Y Y Y Y 2006	Date Due 20070330	Interest Rate 0.00000% (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	---------------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value="0.00"/>

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

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

(Use separate schedule(s) for each numbered line)	PAGE 47 / 57	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor JOHN KERRY FOR PRESIDENT INC	Nature of Debt (Purpose): Expenses for mailing: See AO 2004-37
Mailing Address 901 15th Street NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period		Transaction ID: SD94109	
12246.54			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	12246.54	

1) SUBTOTALS This Period This Page (optional).....	12246.54
2) TOTALS This Period (last page this line number only).....	12246.54
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)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Broadcast Solutions, LLC			Nature of Debt (Purpose): FAX INVITATIONS
Mailing Address 13806 Goosefoot Terr.			
City State ZIP Code Rockville MD 20850			

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D102862	
Amount Incurred This Period <input type="text" value="442.20"/>	Payment This Period <input type="text" value="310.00"/>	Outstanding Balance at Close of This Period <input type="text" value="132.20"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor California Bank & Trust			Nature of Debt (Purpose): Campaign Items, Meetings
Mailing Address P.O.Box 30833			
City State ZIP Code Salt Lake City UT 84130-0833			

Outstanding Balance Beginning This Period <input type="text" value="5928.32"/>		Transaction ID: D101695	
Amount Incurred This Period <input type="text" value="12514.12"/>	Payment This Period <input type="text" value="5928.32"/>	Outstanding Balance at Close of This Period <input type="text" value="12514.12"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor David Gould Company			Nature of Debt (Purpose): Slate Mailer Rept.srvs.(s-ee AO 2004-37),
Mailing Address 555 So.Flower St., #4210			
City State ZIP Code Los Angeles CA 90071			

Outstanding Balance Beginning This Period <input type="text" value="7908.54"/>		Transaction ID: D102658	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="7908.54"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="12646.32"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company	Nature of Debt (Purpose): Political Reporting Services, Office Exp
Mailing Address 555 S.Flower Street #4210	
City State ZIP Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 3746.06	Transaction ID: D1018	
Amount Incurred This Period 1854.13	Payment This Period 5600.19	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Downing LLP	Nature of Debt (Purpose): Legal Services, Slate Mailer Legal Fees
Mailing Address 777 S. Figueroa St., Ste.4050	
City State ZIP Code Los Angeles CA 90017-5864	

Outstanding Balance Beginning This Period 6000.00	Transaction ID: D102583	
Amount Incurred This Period 0.00	Payment This Period 6000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Downing, LLP	Nature of Debt (Purpose): Legal Services & Expenses
Mailing Address 777 S. Figueroa St., #4050	
City State ZIP Code Los Angeles CA 90017	

Outstanding Balance Beginning This Period 9298.89	Transaction ID: D102657	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9298.89

1) SUBTOTALS This Period This Page (optional).....	9298.89
2) TOTALS This Period (last page this line number only).....	
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)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 50 / 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor National Democratic Club	Nature of Debt (Purpose): Fundraising Reception
Mailing Address 30 Ivy Street, S.E.	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: D101737	
Amount Incurred This Period <input type="text" value="2022.76"/>	Payment This Period <input type="text" value="1011.38"/>	Outstanding Balance at Close of This Period <input type="text" value="1011.38"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Printco Graphics Inc.	Nature of Debt (Purpose): Printing, Flyers & Invitations for event
Mailing Address 2943 Supply Avenue	
City State ZIP Code Commerce CA 90040	

Outstanding Balance Beginning This Period <input type="text" value="2652.13"/>	Transaction ID: D1037	
Amount Incurred This Period <input type="text" value="562.90"/>	Payment This Period <input type="text" value="3215.03"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Progressive Connections	Nature of Debt (Purpose): Slate Mailer Mgmt.(See AO 2004-37)
Mailing Address 4032 Wilshire Boulevard #302	
City State ZIP Code Los Angeles CA 90010	

Outstanding Balance Beginning This Period <input type="text" value="95000.00"/>	Transaction ID: D10822	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="80000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="15000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="16011.38"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 51 / 57
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 CITIZENS FOR WATERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Smith Kaufman LLP	Nature of Debt (Purpose): Legal Services & Expenses
Mailing Address 777 S. Figueroa St., Ste.4050	
City State ZIP Code Los Angeles CA 90017-5864	

Outstanding Balance Beginning This Period <input type="text" value="7565.09"/>	Transaction ID: D101282	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7565.09"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless	Nature of Debt (Purpose): Phone
Mailing Address PO Box 9622	
City State ZIP Code Mission Hills CA 91346-9622	

Outstanding Balance Beginning This Period <input type="text" value="183.13"/>	Transaction ID: D102543	
Amount Incurred This Period <input type="text" value="457.48"/>	Payment This Period <input type="text" value="509.43"/>	Outstanding Balance at Close of This Period <input type="text" value="131.18"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7696.27"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="45652.86"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Image# 26940610582

Form/Schedule: **SA11c** Non-federal committee

Transaction ID: **11c2971**

Form/Schedule: **SB17** Airfare: To be reimbursed by Lamont Campaign

Transaction ID: **B172267**

Image# 26940610583

Form/Schedule: **SB17** Airfare: To be reimbursed by Lamont Campaign
Transaction ID: **B172268**

Form/Schedule: **SB17** Airfare: Wash.DC-Philadelphia-Windsor Locks-Wash.DC
Transaction ID: **B172273**

Image# 26940610584

Form/Schedule: **SB17** Airfare: Wash.DC-Philadelphia-Windsor Locks-Wash.DC
Transaction ID: **B172274**

Form/Schedule: **SB17** Hotel: Congressional Black Caucus Leg.Conf.
Transaction ID: **B172280**

Image# 26940610585

Form/Schedule: **SB17** Hotel: To be reimbursed by Lamont Campaign
Transaction ID: **B172275**

Form/Schedule: **SB17** Hotel: To be reimbursed by Lamont Campaign
Transaction ID: **B172276**

Image# 26940610586

Form/Schedule: **SB17** Hotel: To be reimbursed by Lamont Campaign
Transaction ID: **B172271**

Form/Schedule: **F3A** Please note that Citizens for Waters produced a Slate Mailer in accordance with AO 2004-37, income received is shown on Schedule A, Line 14 and Expenses are shown on Schedule B, Line 17 and accrued expenses on Schedule D, Line 10.
Transaction ID:

Image# 26940610587

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

A portion of the slate mailer involved in-kind contributions to other federal candidates, this is shown on Schedule B, Line 21.

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

In addition, a portion of the slate mailer was attributed to our committee as the proportional share in support of Congresswoman Waters.
