

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 14528  
 Check if different than previously reported. (ACC)  
San Antonio TX 78214

2. **FEC IDENTIFICATION NUMBER** C00326066  
**CITY** **STATE** TX **ZIP CODE** TX 78214  
**STATE DISTRICT** TX 23  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2005 through 12 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Luis R Vera

Signature of Treasurer Electronically Filed by Mr. Luis R Vera Date 09 16 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Ciro Rodriguez for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	91800.00	212171.91
(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)).....	91800.00	212171.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	115822.00	162161.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	115822.00	162161.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	74062.17	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	31171.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Ciro Rodriguez for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

**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).....

50965.00

98101.00

(ii) Unitemized.....

8335.00

14070.91

(iii) TOTAL of contributions

59300.00

112171.91

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

31500.00

99000.00

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

1000.00

1000.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

91800.00

212171.91

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

0.00

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

0.00

20000.00

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

91800.00

232171.91

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	115822.00	162161.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	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.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<b>115822.00</b>	<b>162161.04</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	98084.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	91800.00
25. SUBTOTAL (add Line 23 and Line 24).....	189884.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	115822.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	74062.17

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 5 / 93
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Maria D. Aguirre	Date of Receipt MM / DD / YYYY 10 / 29 / 2005
	Mailing Address 1927 Ceralvo St., Apt. 2	<b>Transaction ID:</b> C2891
	City State Zip Code San Antonio TX 78237	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 Self Employed Occupation Self Employed Dentist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria D. Aguirre	Date of Receipt MM / DD / YYYY 10 / 29 / 2005
	Mailing Address 1927 Ceralvo St., Apt. 2	<b>Transaction ID:</b> C2892
	City State Zip Code San Antonio TX 78237	Amount of Each Receipt this Period 150.00
	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 Self Employed Occupation Self Employed Dentist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey C Anderson	Date of Receipt MM / DD / YYYY 12 / 10 / 2005
	Mailing Address 9601 McAllister Fwy Ste. 1250	<b>Transaction ID:</b> C3054
	City State Zip Code San Antonio TX 78216	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 Law Offices of Jeffrey C. Anderson Occupation Law Offices of Jeffrey C. Anderson Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 6 / 93
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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Sylvia Arriola	Date of Receipt MM / DD / YYYY 12 / 11 / 2005
	Mailing Address 22819 East Range	<b>Transaction ID:</b> C2993
	City State Zip Code San Antonio TX 78255	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer LULAC Occupation Administrator Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Darla Barger	Date of Receipt MM / DD / YYYY 10 / 05 / 2005
	Mailing Address 3210 Goldsboro Street	<b>Transaction ID:</b> C2827
	City State Zip Code San Antonio TX 78230	Amount of Each Receipt this Period 2100.00
	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 Information Requested Occupation Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John W. Barger	Date of Receipt MM / DD / YYYY 10 / 05 / 2005
	Mailing Address 3210 Goldsboro	<b>Transaction ID:</b> C2826
	City State Zip Code San Antonio TX 78230	Amount of Each Receipt this Period 2100.00
	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 Clear Channel Occupation Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Erlinda Belvis

Mailing Address 343 W. Houston Ste 710

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation MD/PA

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C2944

Amount of Each Receipt this Period 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stephen Blair

Mailing Address P. O. Box 17428

City Austin State TX Zip Code 78760

FEC ID number of contributing federal political committee. C

Name of Employer Fred Blair Real Estate Company Occupation Realtor

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C3032

Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Javier Bocanegra

Mailing Address 1616 Callaghan

City San Antonio State TX Zip Code 78228

FEC ID number of contributing federal political committee. C

Name of Employer Community Family Medicine PA Occupation President

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C3044

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) ..... 1000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) James L. Branton</p> <p>Mailing Address 700 N. St. Mary's St., Suite 1700</p> <p>City State Zip Code San Antonio TX 78205</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Branton &amp; Hall PC Attorney</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 1 1 / 2 0 0 5</span></p> <p><b>Transaction ID:</b> C2920</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Donald W Carson</p> <p>Mailing Address One North Clematis St Suite 200</p> <p>City State Zip Code West Palm Beach FL 33401</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Florida Crystal Corp Exec. VP</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 0 8 / 2 0 0 5</span></p> <p><b>Transaction ID:</b> C2893</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Arthur Centeno</p> <p>Mailing Address 33600 Smithson Valley Rd</p> <p>City State Zip Code Bulverde TX 78163</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Urology San Antonio Urology</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 5</span></p> <p><b>Transaction ID:</b> C2870</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 93
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Corinne Chacon		Date of Receipt
	Mailing Address 2823 Sir Philip Rd		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	San Antonio	TX	78209
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Rural Development Finance Corp.		Occupation Network Engineer	<b>Transaction ID:</b> C3033
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

<b>B.</b>	Full Name (Last, First, Middle Initial) Zada True Courage		Date of Receipt
	Mailing Address 1938 Broken Oak St.		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	San Antonio	TX	78232
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Clear Channel		Occupation Cash Manager	<b>Transaction ID:</b> C2988
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

<b>C.</b>	Full Name (Last, First, Middle Initial) Rodolfo Davila		Date of Receipt
	Mailing Address 11306 Whisper Falls St.		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2005"/>
	City	State	Zip Code
	San Antonio	TX	78230
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Davila Pharmacy		Occupation Pharmacist	<b>Transaction ID:</b> C3056
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Andres B Fanjul		Date of Receipt
	Mailing Address 109 Wells Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
	City	State	Zip Code
	Palm Beach	FL	33480
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C2899</b>
Name of Employer Florida Crystal Corp		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Eugenio Flores		Date of Receipt
	Mailing Address 11 Vickers Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
	City	State	Zip Code
	San Antonio	TX	78211
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C2958</b>
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 225.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Pat Frost		Date of Receipt
	Mailing Address 604 Garraty Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
	City	State	Zip Code
	San Antonio	TX	78209
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: C2952</b>
Name of Employer Frost National Bank		Occupation President	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1725.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial) Frank Garcia		Date of Receipt MM / DD / YYYY 10 / 29 / 2005
Mailing Address 315 N San Saba Suite 1100		<b>Transaction ID:</b> C2889
City San Antonio	State TX	Zip Code 78207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Doctor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Alma Garza		Date of Receipt MM / DD / YYYY 12 / 11 / 2005
Mailing Address 132 Acadia Loop		<b>Transaction ID:</b> C2990
City Laredo	State TX	Zip Code 78045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) Lynette Gatlin		Date of Receipt MM / DD / YYYY 12 / 09 / 2005
Mailing Address 7731 Broadway #J45		<b>Transaction ID:</b> C2974
City San Antonio	State TX	Zip Code 78209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial)  
George Garza

Mailing Address 6894 Bandera

City State Zip Code  
San Antonio TX 78238

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C1690875

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Goggan

Mailing Address 2015 S. I.H 10 Ste 101

City State Zip Code  
Austin TX 78741

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C3031

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Glen Gonzalez

Mailing Address 2315 Ella Lee Lane

City State Zip Code  
Houston TX 77019

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
AGE Refining Business Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** C2936

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) ..... 1000.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rene E. Gonzalez, CPA  
Mailing Address 207 Arden Grove St.  
City San Antonio State TX Zip Code 78215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Garza Gonzalez & Associates CPAs Occupation CPA  
Receipt For: 2006 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ernesto Guerra  
Mailing Address 520 East Uclid Ave.  
City San Antonio State TX Zip Code 78212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor  
Receipt For: 2006 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hugo A. Gutierrez, Jr.  
Mailing Address 3109 Fair Oaks  
City Laredo State TX Zip Code 78045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Marathon Oil Company Occupation Manager  
Receipt For: 2006 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
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) ..... ► **2750.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Rose Gutierrez

Mailing Address 14109 Emerald Hill

City San Antonio State TX Zip Code 78231

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 11 / 2005

Transaction ID: C2995

Amount of Each Receipt this Period 2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Selina Gutierrez

Mailing Address 4 Serazen Court

City San Antonio State TX Zip Code 78257

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

Name of Employer S&G Realty Occupation Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 11 / 2005

Transaction ID: C2994

Amount of Each Receipt this Period 2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Bridget Harris

Mailing Address 7400 Crestway Dr. Apt. 518

City San Antonio State TX Zip Code 78239

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2005

Transaction ID: C2877

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bridget Harris

Mailing Address 7400 Crestway Dr. Apt. 518

City San Antonio State TX Zip Code 78239

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 12 / 11 / 2005

Transaction ID: C2983

Amount of Each Receipt this Period 200.00

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

**B.**

Full Name (Last, First, Middle Initial)  
A.L. Hernden

Mailing Address 222 Main Plaza E

City San Antonio State TX Zip Code 78205

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2005

Transaction ID: C2860

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mary Jo Hutton

Mailing Address 5 Whitechurch Lane

City San Antonio State TX Zip Code 78257

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

Name of Employer Hutton Company Inc. Occupation Real Estate Appraiser

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2005

Transaction ID: C2852

Amount of Each Receipt this Period 50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mary Jo Hutton

Mailing Address 5 Whitechurch Lane

City San Antonio State TX Zip Code 78257

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

Name of Employer Hutton Company Inc. Occupation Real Estate Appraiser

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2005

**Transaction ID: C2980**

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Morris D. Jaffe, Jr.

Mailing Address 12400 San Pedro, #150

City San Antonio State TX Zip Code 78216

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

Name of Employer Jet Trans International Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 10 / 27 / 2005

**Transaction ID: C2849**

Amount of Each Receipt this Period 2000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Charles Kamasaki

Mailing Address 1126 16th St. NW #600

City Washington State DC Zip Code 20036

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

Name of Employer National Council of La Raza / NCLR Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2005

**Transaction ID: C2967**

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 93  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Julia Khan

Mailing Address 2901 Anejo Dr.

City Laredo State TX Zip Code 78045

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

Name of Employer BR Horton Builders Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2005

Transaction ID: C2989

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joe Kierstead

Mailing Address 2130 S.W. Military Dr.

City San Antonio State TX Zip Code 78221

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

Name of Employer Self Employed Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2005

Transaction ID: C2919

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)  
Adelina L. Lajzer

Mailing Address 7430 Westville Dr.

City San Antonio State TX Zip Code 78227

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2005

Transaction ID: C2934

Amount of Each Receipt this Period 190.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2190.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ralph Lopez		Date of Receipt MM / DD / YYYY 12 / 11 / 2005
	Mailing Address 755 E. Mulberry Ste. 200 6 Inwood Canyon Dr.		<b>Transaction ID:</b> C2985
	City San Antonio	State TX	Zip Code 78212
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Law Offices of Ralph Lopez	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Pat Maloney, Sr.		Date of Receipt MM / DD / YYYY 12 / 03 / 2005
	Mailing Address 6607 Laurel Hill		<b>Transaction ID:</b> C2963
	City San Antonio	State TX	Zip Code 78229
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Pat Maloney Law Offices	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Martinez-Garcia		Date of Receipt MM / DD / YYYY 10 / 29 / 2005
	Mailing Address 210 Renner Dr.		<b>Transaction ID:</b> C2871
	City San Antonio	State TX	Zip Code 78201
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested	Occupation Information Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial) Henry R. Munoz, III		Date of Receipt MM / DD / YYYY 10 / 10 / 2005
Mailing Address 235 W. Kings Hwy		<b>Transaction ID:</b> C2842
City San Antonio	State TX	Zip Code 78212
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Kell Munoz, Inc.	Occupation Architect/ CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Ms. Dennis Perry		Date of Receipt MM / DD / YYYY 12 / 30 / 2005
Mailing Address 5822 West I.H 10		<b>Transaction ID:</b> C3025
City San Antonio	State TX	Zip Code 78201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Tyler & Perry Law Ofc	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Catherine Pino		Date of Receipt MM / DD / YYYY 11 / 08 / 2005
Mailing Address 6113 Madison Crest Ct		<b>Transaction ID:</b> C5875
City Falls Church	State VA	Zip Code 22041
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer D & P Creative Strategies	Occupation Co-Founder and Principal	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial)  
W. Archibald Piper

Mailing Address 8052 Pepperwood Dr.

City State Zip Code  
Grand Blanc MI 48439

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

Name of Employer Self Employed Occupation Doctor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1000.00

Transaction ID: C2895

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

**B.**

Full Name (Last, First, Middle Initial)  
William H Piper

Mailing Address 63 Chateau du Lac Dr.

City State Zip Code  
Fenton MI 48430

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

Name of Employer n/a Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1000.00

Transaction ID: C2896

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

**C.**

Full Name (Last, First, Middle Initial)  
David Plyar

Mailing Address 4218 Mystic Glade

City State Zip Code  
San Antonio TX 78247

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

Name of Employer Retired Teacher Occupation RETIRED

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
50.00

Transaction ID: C2885

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 93
	<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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) David Plyar	Date of Receipt MM / DD / YYYY 12 / 11 / 2005
	Mailing Address 4218 Mystic Glade	<b>Transaction ID:</b> C3009
	City State Zip Code San Antonio TX 78247	Amount of Each Receipt this Period 100.00
	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 Retired Teacher RETIRED	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles Pope	Date of Receipt MM / DD / YYYY 11 / 21 / 2005
	Mailing Address 135 E. Hutchins	<b>Transaction ID:</b> C1689261
	City State Zip Code San Antonio TX 78221	Amount of Each Receipt this Period 200.00
	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 Retired Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Pope	Date of Receipt MM / DD / YYYY 11 / 21 / 2005
	Mailing Address 135 E. Hutchins	<b>Transaction ID:</b> C1689262
	City State Zip Code San Antonio TX 78221	Amount of Each Receipt this Period 50.00
	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 Retired Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Rodolfo Portillo		Date of Receipt
	Mailing Address 3302 Geiberger Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 1 1 / 2 0 0 5
	City	State	Zip Code
	Laredo	TX	78045
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C3055
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Bonnie Reed		Date of Receipt
	Mailing Address 45 Lonsford		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5
	City	State	Zip Code
	San Antonio	TX	78209
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2981
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Joni Reyna		Date of Receipt
	Mailing Address 10002 Lazy J Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 7 / 2 0 0 5
	City	State	Zip Code
	Helotes	TX	78023
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2847
Name of Employer Hospice		Occupation Health Care Sales	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rowland S. Reyna

Mailing Address 215 E Quincy Suite 500

City San Antonio State TX Zip Code 78215

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

Name of Employer Health Medical Group of San Antonio Occupation Doctor

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 29 / 2005  
**Transaction ID: C2869**  
 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)  
Arthur L. Riklin

Mailing Address 122 Laburnum

City San Antonio State TX Zip Code 78209

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt: 12 / 09 / 2005  
**Transaction ID: C2971**  
 Amount of Each Receipt this Period: 1100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edward Riojas, Jr.

Mailing Address 11815 Tarragon Cove

City San Antonio State TX Zip Code 78213

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

Name of Employer San Antonio Federal Credit Union Occupation Senior Vice President

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2005  
**Transaction ID: C2939**  
 Amount of Each Receipt this Period: 150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edward Riojas, Jr.  
Mailing Address 11815 Tarragon Cove

City San Antonio State TX Zip Code 78213

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

Name of Employer San Antonio Federal Credit Union Occupation Senior Vice President  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt 12 / 02 / 2005  
**Transaction ID: C2953**  
 Amount of Each Receipt this Period 100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Janet Ruzza  
Mailing Address 3076 Wright Carpenter

City San Antonio State TX Zip Code 78221

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

Name of Employer Self Employed Occupation Farmer  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt 12 / 22 / 2005  
**Transaction ID: C3035**  
 Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mark Anthony Sanchez  
Mailing Address 115 East Travis Suite 618

City San Antonio State TX Zip Code 78205

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

Name of Employer Gail, Wilson, and Sanchez Occupation Attorney  
 Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt 11 / 11 / 2005  
**Transaction ID: C1689232**  
 Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 93
	<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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Herman H. Segovia		Date of Receipt
	Mailing Address 118 E. Ashby		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Antonio	TX	78212
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C3039
Name of Employer Law offices of Herman Segovia		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Baltazar Serna, Jr.		Date of Receipt
	Mailing Address 72 Sendero Verde		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Antonio	TX	78261-2306
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2890
Name of Employer Serna & Serna Law Offices		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) David G. Shulman		Date of Receipt
	Mailing Address 405 E. Mandalay		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Antonio	TX	78212
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2850
Name of Employer David G. Shulman MD.,PA.		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 93  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.**

Full Name (Last, First, Middle Initial)  
David G. Shulman

Mailing Address 405 E. Mandalay

City State Zip Code  
San Antonio TX 78212

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

Name of Employer Occupation  
David G. Shulman MD.,PA. Physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

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

**Transaction ID: C2978**

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)  
Sam Sparks

Mailing Address P. O. Box 130

City State Zip Code  
Progreso TX 78579

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

Name of Employer Occupation  
Progreso Internationa Bri-ge President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID: C2992**

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Jose A. Torres

Mailing Address 303 Yukon Blvd.

City State Zip Code  
San Antonio TX 78221

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

Name of Employer Occupation  
Self Employed Entertainment Agent

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

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

**Transaction ID: C2856**

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert P Trevino

Mailing Address 111 Camargo

City State Zip Code  
San Antonio TX 78210

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

Name of Employer Occupation  
San Antonio Medical Center Doctor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID: C2918**

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)  
John Tyler

Mailing Address 5822 West I.H 10

City State Zip Code  
San Antonio TX 78201

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

Name of Employer Occupation  
Tyler & Perry Law Ofc Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID: C3024**

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Vallandingham

Mailing Address 10101 Silver Mountain Dr.

City State Zip Code  
Austin TX 78737

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

Name of Employer Occupation  
Heard Linebarger, Graham Goggan, Blair Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

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

**Transaction ID: C2987**

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 93
	<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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Francisco J. Velazquez		Date of Receipt
	Mailing Address 206 Honeysuckle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Antonio	TX	78213
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C3037
Name of Employer Amedx		Occupation President	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1050.00
		<input type="text"/> 2100.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Francisco J. Velazquez		Date of Receipt
	Mailing Address 206 Honeysuckle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Antonio	TX	78213
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C3038
Name of Employer Amedx		Occupation President	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1050.00
		<input type="text"/> 2100.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Margaret Vera		Date of Receipt
	Mailing Address 430 W Hildebrand		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Antonio	TX	78212
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C2868
Name of Employer Self Employed		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 30 / 93  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rosario A Vera  
Mailing Address 407 Ware  
City San Antonio State TX Zip Code 78221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer San Antonio ISD Occupation Teacher  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00  
Date of Receipt 10 / 15 / 2005  
Transaction ID: C2923  
Amount of Each Receipt this Period 150.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John P. Winburn  
Mailing Address 428 New Jersey Ave., SE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Consultant  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 11 / 08 / 2005  
Transaction ID: C2894  
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)  
William M. Worth  
Mailing Address 16867 Mossford  
City San Antonio State TX Zip Code 78255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Worth Enterprize Occupation Investor  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 10 / 2005  
Transaction ID: C2843  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry Zinn		Date of Receipt MM / DD / YYYY 11 / 29 / 2005
	Mailing Address 126 W. Hollywood		<b>Transaction ID:</b> C2951
	City San Antonio	State TX	Zip Code 78212
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer TRLA/COSA	Occupation Lawyer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gale, Wilson & Sanchez, LLC		Date of Receipt MM / DD / YYYY 11 / 11 / 2005
	Mailing Address 115 E. Travis Suite 618		<b>Transaction ID:</b> C1689229
	City San Antonio	State TX	Zip Code 78205
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

LLC - Members below if it-  
emized. Permissible funds.

<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Harrison		Date of Receipt MM / DD / YYYY 11 / 30 / 2005
	Mailing Address 3500 N. County Road 25		<b>Transaction ID:</b> C2962
	City Big Spring	State TX	Zip Code 79720
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self-Employed	Occupation Dentist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

\* Earmarked Contribution:  
See Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 32 / 93	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial) PayPal		Date of Receipt
Mailing Address 123212 Port Grace Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 0 5
City	State	Zip Code
La Vista	NE	68128
FEC ID number of contributing federal political committee.		Transaction ID: C2962B
<input type="text"/> C		Amount of Each Receipt this Period
		<input type="text"/> 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
	Conduit total listed in Agg. field	
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1025.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 0.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 50965.00



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

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

FOR LINE NUMBER: PAGE 33 / 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
AFL-CIO COPE POLITICAL CONTRIBUTIONS COMMITTEE  
Mailing Address 815 16th Street N.W.  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00003806  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00  
Date of Receipt: 12 / 31 / 2005  
Transaction ID: C3041  
Amount of Each Receipt this Period: 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BROTHERHOOD OF RAILROAD SIGNALMEN POLITICAL ACTION  
Mailing Address 917 Shenandoah Shores Road  
City Front Royal State VA Zip Code 22630  
FEC ID number of contributing federal political committee. **C** C00011262  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00  
Date of Receipt: 12 / 30 / 2005  
Transaction ID: C3020  
Amount of Each Receipt this Period: 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)  
Mailing Address 100 INDIANA AVE. N. W.  
City WASHINGTON State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00023580  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 5000.00  
Date of Receipt: 12 / 30 / 2005  
Transaction ID: C3013  
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) ..... ► 12000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 34 / 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL

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

Mailing Address 1750 New York Avenue NW

Transaction ID: C3040

Amount of Each Receipt this Period  
2500.00

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
INTL. UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS

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

Mailing Address 620 F Street NW  
Suite 900

Transaction ID: C3053

Amount of Each Receipt this Period  
2000.00

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

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

**C.** Full Name (Last, First, Middle Initial)  
JULIA CARSON FOR CONGRESS COMMITTEE

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

Mailing Address P.O. Box 44088  
740 MARKET SQUARE CENTER

Transaction ID: C3017

Amount of Each Receipt this Period  
1000.00

City State Zip Code  
Indianapolis IN 46244

FEC ID number of contributing federal political committee. **C** C00311969

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 93  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF N.A.  
Mailing Address 905 16th St. N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 11 / 27 / 2005  
**Transaction ID: C2947**  
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)  
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)  
Mailing Address 7525 RED RIVER ROAD

City WAHPETON State ND Zip Code 58075

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 27 / 2005  
**Transaction ID: C2861**  
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)  
MURTHA FOR CONGRESS COMMITTEE  
Mailing Address Suite 220 551 Main Street  
BT FINANCIAL PLAZA SUITE 220

City JOHNSTOWN State PA Zip Code 15901

FEC ID number of contributing federal political committee. **C** C00019075

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 12 / 30 / 2005  
**Transaction ID: C3052**  
Amount of Each Receipt this Period: 2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 93  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**A.** Full Name (Last, First, Middle Initial)  
Progressive Choice PAC

Mailing Address PO Box 58

City State Zip Code  
Evanston IL 60204

FEC ID number of contributing federal political committee. **C** C00381806

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 Y  
 1 1 / 2 1 / 2 0 0 5

**Transaction ID:** C1689226

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
SUSAN DAVIS FOR CONGRESS

Mailing Address c/o 5946 Priestly Drive Suite 200

City State Zip Code  
Carlsbad CA 92008

FEC ID number of contributing federal political committee. **C** C00344671

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID:** C3015

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Transport Workers Union

Mailing Address 1700 Broadway, 2nd Floor

City State Zip Code  
Washington DC 10019

FEC ID number of contributing federal political committee. **C** C00008268

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 Y  
 1 1 / 2 1 / 2 0 0 5

**Transaction ID:** C1691055

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) ..... ► **7500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 93  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
United Mine Workers of America

Mailing Address 8315 Lee Highway

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C** C00013342

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2005

Transaction ID: C2976

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	31500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 93  
 (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Ciro D. Rodriguez

Mailing Address 9549 Hwy 181 South

City	State	Zip Code
San Antonio	TX	78223

FEC ID number of contributing federal political committee. **C** C00326066

Name of Employer  
US House

Occupation  
Congressman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

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

Transaction ID: C1691907

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

**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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D2365 Date of Disbursement 10 / 01 / 2005
	Mailing Address Suite 0001	Amount of Each Disbursement this Period 890.28
	City Chicago State IL Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment	
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D2366 Date of Disbursement 11 / 06 / 2005
	Mailing Address Suite 0001	Amount of Each Disbursement this Period 564.64
	City Chicago State IL Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment	
	Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: D2956 Date of Disbursement 11 / 12 / 2005
	Mailing Address P. Box 390729	Amount of Each Disbursement this Period 102.55
	City Cambridge State MA Zip Code 02139	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Fee	
	Candidate Name	001 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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1454.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Larry L Balsler</p> <p>Mailing Address 401 OGDEN LANE</p> <p>City SAN ANTONIO State TX Zip Code 78209</p> <p>Purpose of Disbursement 6'X3' banner</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2441</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 5</p> <p>Amount of Each Disbursement this Period 71.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address P.O. Box 830040</p> <p>City Dallas State TX Zip Code 75283</p> <p>Purpose of Disbursement Bank Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2465</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bob's Printing</p> <p>Mailing Address 1626 Fredericksburg Rd.</p> <p>City San Antonio State TX Zip Code 78201</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2325</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5</p> <p>Amount of Each Disbursement this Period 529.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>620.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob's Printing</p> <p>Mailing Address 1626 Fredericksburg Rd.</p> <p>City San Antonio State TX Zip Code 78201</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2326</p> <p>Date of Disbursement 10 / 26 / 2005</p> <p>Amount of Each Disbursement this Period 1743.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob's Printing</p> <p>Mailing Address 1626 Fredericksburg Rd.</p> <p>City San Antonio State TX Zip Code 78201</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2327</p> <p>Date of Disbursement 11 / 11 / 2005</p> <p>Amount of Each Disbursement this Period 4155.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Brianna's Catering</p> <p>Mailing Address 1818 W. Thompson</p> <p>City San Antonio State TX Zip Code 78225</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2357</p> <p>Date of Disbursement 10 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 1296.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

7194.37

**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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Transaction ID: D2313

Mailing Address 203 Landford

Date of Disbursement

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

City San Antonio State TX Zip Code 78221

Amount of Each Disbursement this Period

119.32
--------

Purpose of Disbursement  
Reimbursement

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Transaction ID: D2314

Mailing Address 203 Landford

Date of Disbursement

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

City San Antonio State TX Zip Code 78221

Amount of Each Disbursement this Period

900.00
--------

Purpose of Disbursement  
Staff Salary

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Transaction ID: D2315

Mailing Address 203 Landford

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	5	

City San Antonio State TX Zip Code 78221

Amount of Each Disbursement this Period

72.25
-------

Purpose of Disbursement  
Reimbursement

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

1091.57
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Gina Castaneda  Mailing Address 203 Landford  City San Antonio State TX Zip Code 78221  Purpose of Disbursement Staff Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2316 Date of Disbursement 10 / 29 / 2005  Amount of Each Disbursement this Period 925.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Gina Castaneda  Mailing Address 203 Landford  City San Antonio State TX Zip Code 78221  Purpose of Disbursement Reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2367 Date of Disbursement 11 / 12 / 2005  Amount of Each Disbursement this Period 136.02  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Gina Castaneda  Mailing Address 203 Landford  City San Antonio State TX Zip Code 78221  Purpose of Disbursement Staff Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2368 Date of Disbursement 11 / 12 / 2005  Amount of Each Disbursement this Period 925.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1986.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Mailing Address 203 Landford

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Reimbursements  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2417  
Date of Disbursement

11 / 22 / 2005

Amount of Each Disbursement this Period

92.00

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

B.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Mailing Address 203 Landford

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Staff Salary  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2418  
Date of Disbursement

11 / 24 / 2005

Amount of Each Disbursement this Period

925.00

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

C.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Mailing Address 203 Landford

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Reimbursements  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2419  
Date of Disbursement

12 / 10 / 2005

Amount of Each Disbursement this Period

279.51

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

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

1296.51

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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Mailing Address 203 Landford

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Staff Salary

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2420

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

925.00

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

B.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Mailing Address 203 Landford

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Reimb for Ofc. supplies

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2421

Date of Disbursement

12 / 23 / 2005

Amount of Each Disbursement this Period

200.50

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

C.

Full Name (Last, First, Middle Initial)  
Ms. Gina Castaneda

Mailing Address 203 Landford

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Office Supplies, Paper

Candidate Name

007  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D121815

Date of Disbursement

10 / 21 / 2005

Amount of Each Disbursement this Period

75.00

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

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

1200.50

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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Irma Castillo Mailing Address 2343 Roosevelt City San Antonio State TX Zip Code 78210 Purpose of Disbursement Reimbursement for Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2292 Date of Disbursement 10 / 01 / 2005 Amount of Each Disbursement this Period 27.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Irma Castillo Mailing Address 2343 Roosevelt City San Antonio State TX Zip Code 78210 Purpose of Disbursement Staff Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2293 Date of Disbursement 10 / 01 / 2005 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Irma Castillo Mailing Address 2343 Roosevelt City San Antonio State TX Zip Code 78210 Purpose of Disbursement Reimbursement for water, gas, and food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2294 Date of Disbursement 10 / 06 / 2005 Amount of Each Disbursement this Period 74.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**601.56**

**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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Irma Castillo Mailing Address 2343 Roosevelt City San Antonio State TX Zip Code 78210 Purpose of Disbursement Reimbursement for USB cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2295 Date of Disbursement 10 / 07 / 2005 Amount of Each Disbursement this Period 20.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Irma Castillo Mailing Address 2343 Roosevelt City San Antonio State TX Zip Code 78210 Purpose of Disbursement Staff Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2296 Date of Disbursement 10 / 13 / 2005 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Irma Castillo Mailing Address 2343 Roosevelt City San Antonio State TX Zip Code 78210 Purpose of Disbursement Reimbursement for food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2297 Date of Disbursement 10 / 13 / 2005 Amount of Each Disbursement this Period 12.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>533.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Reimbursement for fuel and supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2298  
Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

29.96

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

B.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2299  
Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

36.19

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

C.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2300  
Date of Disbursement

10 / 25 / 2005

Amount of Each Disbursement this Period

62.03

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

SUBTOTAL of Disbursements This Page (optional) ▶

128.18

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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) Irma Castillo	Transaction ID: D2301
	Mailing Address 2343 Roosevelt	Date of Disbursement 10 / 28 / 2005
	City San Antonio State TX Zip Code 78210	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Staff Salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Irma Castillo	Transaction ID: D2302
	Mailing Address 2343 Roosevelt	Date of Disbursement 10 / 31 / 2005
	City San Antonio State TX Zip Code 78210	Amount of Each Disbursement this Period 50.89
	Purpose of Disbursement Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Irma Castillo	Transaction ID: D2303
	Mailing Address 2343 Roosevelt	Date of Disbursement 11 / 03 / 2005
	City San Antonio State TX Zip Code 78210	Amount of Each Disbursement this Period 20.08
	Purpose of Disbursement Reimbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>770.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) Irma Castillo	Transaction ID: D2304 Date of Disbursement 11 / 11 / 2005
	Mailing Address 2343 Roosevelt	Amount of Each Disbursement this Period 20.00
	City San Antonio State TX Zip Code 78210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Irma Castillo	Transaction ID: D2305 Date of Disbursement 11 / 11 / 2005
	Mailing Address 2343 Roosevelt	Amount of Each Disbursement this Period 600.00
	City San Antonio State TX Zip Code 78210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Staff Salary Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Irma Castillo	Transaction ID: D2390 Date of Disbursement 11 / 18 / 2005
	Mailing Address 2343 Roosevelt	Amount of Each Disbursement this Period 15.00
	City San Antonio State TX Zip Code 78210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement/gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>635.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Irma Castillo</p> <p>Mailing Address 2343 Roosevelt</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2391</p> <p>Date of Disbursement 11 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Irma Castillo</p> <p>Mailing Address 2343 Roosevelt</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Reimbursement/Ofc</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2392</p> <p>Date of Disbursement 11 / 26 / 2005</p> <p>Amount of Each Disbursement this Period 49.53</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Irma Castillo</p> <p>Mailing Address 2343 Roosevelt</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Reimbursement/Cell</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2393</p> <p>Date of Disbursement 11 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 317.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

966.73

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

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

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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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Irma Castillo</p> <p>Mailing Address 2343 Roosevelt</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Reimbursement/fr Parade</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2394</p> <p>Date of Disbursement 12 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 27.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Irma Castillo</p> <p>Mailing Address 2343 Roosevelt</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2395</p> <p>Date of Disbursement 12 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 52.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Irma Castillo</p> <p>Mailing Address 2343 Roosevelt</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2396</p> <p>Date of Disbursement 12 / 08 / 2005</p> <p>Amount of Each Disbursement this Period 24.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

103.81

**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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Reimbursement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2397  
Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

35.13

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

B.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Staff Salary  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2398  
Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

600.00

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

C.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Reimbursement/Ofc  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: D2399  
Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

11.67

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

SUBTOTAL of Disbursements This Page (optional) ▶

646.80

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Reimbursement/gas

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2400  
Date of Disbursement

12 / 16 / 2005

Amount of Each Disbursement this Period

27.00

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

B.

Full Name (Last, First, Middle Initial)  
Irma Castillo

Mailing Address 2343 Roosevelt

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Staff Salary

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2401  
Date of Disbursement

12 / 23 / 2005

Amount of Each Disbursement this Period

600.00

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

C.

Full Name (Last, First, Middle Initial)  
Cingular

Mailing Address PO Box 8229

City Aurora State IL Zip Code 60572

Purpose of Disbursement  
Cell phone use

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2338  
Date of Disbursement

10 / 06 / 2005

Amount of Each Disbursement this Period

209.62

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

SUBTOTAL of Disbursements This Page (optional) ▶

836.62

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

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

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Detailed Summary Page

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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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) Cingular	Transaction ID: D2339 Date of Disbursement 10 / 01 / 2005
	Mailing Address PO Box 8229	Amount of Each Disbursement this Period 213.82
	City Aurora State IL Zip Code 60572	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell Phone Use Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cingular	Transaction ID: D2340 Date of Disbursement 11 / 11 / 2005
	Mailing Address PO Box 8229	Amount of Each Disbursement this Period 211.94
	City Aurora State IL Zip Code 60572	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cingular	Transaction ID: D2423 Date of Disbursement 11 / 29 / 2005
	Mailing Address PO Box 8229	Amount of Each Disbursement this Period 176.98
	City Aurora State IL Zip Code 60572	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Cell phone usage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>602.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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FOR LINE NUMBER:  
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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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) City Public Service Mailing Address 145 Navarro City San Antonio State TX Zip Code 78296 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2360 Date of Disbursement 10 / 31 / 2005 Amount of Each Disbursement this Period 154.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) City Public Service Mailing Address 145 Navarro City San Antonio State TX Zip Code 78296 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2406 Date of Disbursement 11 / 19 / 2005 Amount of Each Disbursement this Period 186.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Dora Elia Galvan Mailing Address 726 Kopplow City San Antonio State TX Zip Code 78221 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2328 Date of Disbursement 10 / 10 / 2005 Amount of Each Disbursement this Period 132.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**472.77**

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



**SCHEDULE B (FEC Form 3)  
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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)  
Ciro Rodriguez for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Dora Elia Galvan <hr/> Mailing Address 726 Kopplow <hr/> City San Antonio State TX Zip Code 78221 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2329 Date of Disbursement 10 / 14 / 2005 <hr/> Amount of Each Disbursement this Period 63.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Dora Elia Galvan <hr/> Mailing Address 726 Kopplow <hr/> City San Antonio State TX Zip Code 78221 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2330 Date of Disbursement 10 / 14 / 2005 <hr/> Amount of Each Disbursement this Period 82.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type:
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Dora Elia Galvan <hr/> Mailing Address 726 Kopplow <hr/> City San Antonio State TX Zip Code 78221 <hr/> Purpose of Disbursement Reimbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2331 Date of Disbursement 11 / 06 / 2005 <hr/> Amount of Each Disbursement this Period 160.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type: 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	306.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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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)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Edmundo Garza, Jr.</p> <p>Mailing Address 207 W. W. White Apt. #1</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2378</p> <p>Date of Disbursement 11 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 317.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Rudy Garza</p> <p>Mailing Address 106 St. Finansway</p> <p>City Houston State TX Zip Code 77015</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2385</p> <p>Date of Disbursement 12 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 303.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Rudy Garza</p> <p>Mailing Address 106 St. Finansway</p> <p>City Houston State TX Zip Code 77015</p> <p>Purpose of Disbursement Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2435</p> <p>Date of Disbursement 12 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 43.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

664.34

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

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

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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)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Anthony Guajardo</p> <p>Mailing Address 716 Labor Street</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2351</p> <p>Date of Disbursement 10 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph Anthony Guajardo</p> <p>Mailing Address 716 Labor Street</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2370</p> <p>Date of Disbursement 11 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Joseph Anthony Guajardo</p> <p>Mailing Address 716 Labor Street</p> <p>City San Antonio State TX Zip Code 78210</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2437</p> <p>Date of Disbursement 12 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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FOR LINE NUMBER:  
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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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Alice Guerra  Mailing Address 3707 N. St. Mary's Suite 111  City San Antonio State TX Zip Code 78212  Purpose of Disbursement Graphic Design Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	<b>Transaction ID:</b> D2348 <b>Date of Disbursement</b> 10 / 18 / 2005  Amount of Each Disbursement this Period 3000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Alice Guerra  Mailing Address 3707 N. St. Mary's Suite 111  City San Antonio State TX Zip Code 78212  Purpose of Disbursement Design Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	<b>Transaction ID:</b> D2356 <b>Date of Disbursement</b> 10 / 27 / 2005  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Alice Guerra  Mailing Address 3707 N. St. Mary's Suite 111  City San Antonio State TX Zip Code 78212  Purpose of Disbursement Mail Out Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	<b>Transaction ID:</b> D2375 <b>Date of Disbursement</b> 11 / 21 / 2005  Amount of Each Disbursement this Period 1845.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5845.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) Alice Guerra	Transaction ID: D2387 Date of Disbursement 11 / 15 / 2005
	Mailing Address 3707 N. St. Mary's Suite 111	Amount of Each Disbursement this Period 3000.00
	City San Antonio State TX Zip Code 78212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Strategy For Event Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alice Guerra	Transaction ID: D2388 Date of Disbursement 11 / 18 / 2005
	Mailing Address 3707 N. St. Mary's Suite 111	Amount of Each Disbursement this Period 400.00
	City San Antonio State TX Zip Code 78212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mail Out Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alice Guerra	Transaction ID: D2389 Date of Disbursement 12 / 19 / 2005
	Mailing Address 3707 N. St. Mary's Suite 111	Amount of Each Disbursement this Period 3000.00
	City San Antonio State TX Zip Code 78212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consultant Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jeff Hewitt</p> <p>Mailing Address 700 Rio Grande Second Floor</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Fundraising Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2358</p> <p>Date of Disbursement 10 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jeff Hewitt</p> <p>Mailing Address 700 Rio Grande Second Floor</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Fundraising Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2422</p> <p>Date of Disbursement 11 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Latino Leadership PAC</p> <p>Mailing Address PO BOX 540111</p> <p>City HOUSTON State TX Zip Code 77054</p> <p>Purpose of Disbursement Membership</p> <p>Candidate Name Latino Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D121812</p> <p>Date of Disbursement 10 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

6100.00

**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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Rodolfo Macias</p> <p>Mailing Address PO Box 240022</p> <p>City San Antonio State TX Zip Code 78224</p> <p>Purpose of Disbursement Newspaper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D121816</p> <p>Date of Disbursement 10 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Ed Mata</p> <p>Mailing Address 9207 Silver Arrow</p> <p>City San Antonio State TX Zip Code 78224</p> <p>Purpose of Disbursement Reimb for phone jacks and air</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2322</p> <p>Date of Disbursement 10 / 06 / 2005</p> <p>Amount of Each Disbursement this Period 640.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ed Mata</p> <p>Mailing Address 9207 Silver Arrow</p> <p>City San Antonio State TX Zip Code 78224</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2323</p> <p>Date of Disbursement 10 / 21 / 2005</p> <p>Amount of Each Disbursement this Period 301.32</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1042.22

**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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ed Mata  Mailing Address 9207 Silver Arrow  City San Antonio State TX Zip Code 78224  Purpose of Disbursement Reimbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D2324 Date of Disbursement 10 / 31 / 2005  Amount of Each Disbursement this Period 28.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Ed Mata  Mailing Address 9207 Silver Arrow  City San Antonio State TX Zip Code 78224  Purpose of Disbursement Reimbursements Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D2402 Date of Disbursement 11 / 18 / 2005  Amount of Each Disbursement this Period 319.74  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Ed Mata  Mailing Address 9207 Silver Arrow  City San Antonio State TX Zip Code 78224  Purpose of Disbursement Reimbursements Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D2403 Date of Disbursement 11 / 29 / 2005  Amount of Each Disbursement this Period 129.29  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**477.03**

**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)

<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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Ed Mata

Mailing Address 9207 Silver Arrow

City San Antonio State TX Zip Code 78224

Purpose of Disbursement  
Reimbursements

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2404  
Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

163.47

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

B.

Full Name (Last, First, Middle Initial)  
Message Audience Presentation

Mailing Address 2400 S. 4th Street

City Austin State TX Zip Code 78704

Purpose of Disbursement  
Design, Priting of Door hanger

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2354  
Date of Disbursement

10 / 23 / 2005

Amount of Each Disbursement this Period

3217.00

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

C.

Full Name (Last, First, Middle Initial)  
Message Audience Presentation

Mailing Address 2400 S. 4th Street

City Austin State TX Zip Code 78704

Purpose of Disbursement  
Design and Printing material

Candidate Name

006  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2407  
Date of Disbursement

11 / 19 / 2005

Amount of Each Disbursement this Period

4000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

7380.47

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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Message Audience Presentation

Mailing Address 2400 S. 4th Street

City Austin State TX Zip Code 78704

Purpose of Disbursement  
Design and printing of campaign flyers

Candidate Name

006  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2408  
Date of Disbursement

12 / 07 / 2005

Amount of Each Disbursement this Period

2699.00

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Ciro D. Rodriguez

Mailing Address 9549 Hwy 181 South

City San Antonio State TX Zip Code 78223

Purpose of Disbursement  
Reimbursement for trip to DC

Candidate Name  
Crio D. Rodriguez

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Transaction ID: D2333  
Date of Disbursement

10 / 06 / 2005

Amount of Each Disbursement this Period

71.00

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Ciro D. Rodriguez

Mailing Address 9549 Hwy 181 South

City San Antonio State TX Zip Code 78223

Purpose of Disbursement  
Reimbursement

Candidate Name  
Crio D. Rodriguez

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Transaction ID: D2334  
Date of Disbursement

10 / 13 / 2005

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2870.00

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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Mr. Joseph Murrie

Mailing Address 3631 Roland Ave.

City San Antonio State TX Zip Code 78210

Purpose of Disbursement  
Campaign Work

Candidate Name

006  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2438  
Date of Disbursement

12 / 23 / 2005

Amount of Each Disbursement this Period

20.00

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

B.

Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Fundraising event expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2349  
Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

440.58

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

C.

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 2321 SW Military Dr.

City San Antonio State TX Zip Code 78221

Purpose of Disbursement  
Supplies

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2352  
Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

137.27

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

SUBTOTAL of Disbursements This Page (optional) ▶

597.85

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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Sotero Ortega, Jr.	Transaction ID: D2350 Date of Disbursement 10 / 20 / 2005
	Mailing Address 11954 Holm Oaks	Amount of Each Disbursement this Period 150.00
	City San Antonio State TX Zip Code 78249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Web update Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

B.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: D2453 Date of Disbursement 11 / 30 / 2005
	Mailing Address 123212 Port Grace Blvd.	Amount of Each Disbursement this Period 29.30
	City La Vista State NE Zip Code 68128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Svc Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 003
		<b>[MEMO ITEM]</b> Earmarked by Jim Harrison

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: D2454 Date of Disbursement 11 / 14 / 2005
	Mailing Address 123212 Port Grace Blvd.	Amount of Each Disbursement this Period 1.03
	City La Vista State NE Zip Code 68128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Svc Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type 003
		<b>[MEMO ITEM]</b> Earmarked by Robert Smith

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

150.00

**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 69 / 93

<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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: D2455 Date of Disbursement 11 / 11 / 2005
	Mailing Address 123212 Port Grace Blvd.	Amount of Each Disbursement this Period 3.20
	City La Vista State NE Zip Code 68128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Svc Fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Earmarked by

B.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: D2456 Date of Disbursement 11 / 09 / 2005
	Mailing Address 123212 Port Grace Blvd.	Amount of Each Disbursement this Period 7.55
	City La Vista State NE Zip Code 68128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Svc Fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Earmarked by Bonnie Reed

C.	Full Name (Last, First, Middle Initial) PayPal	Transaction ID: D2457 Date of Disbursement 11 / 03 / 2005
	Mailing Address 123212 Port Grace Blvd.	Amount of Each Disbursement this Period 1.03
	City La Vista State NE Zip Code 68128	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Svc Fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		<b>[MEMO ITEM]</b> Earmarked by

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) PC Mailing Services, Inc.</p> <p>Mailing Address 10711 Hillpoint</p> <p>City San Antonio State TX Zip Code 78217</p> <p>Purpose of Disbursement Political Mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2416</p> <p>Date of Disbursement 11 / 21 / 2005</p> <p>Amount of Each Disbursement this Period 1095.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Pineda Consulting</p> <p>Mailing Address 891 Adelaide</p> <p>City Pasadena State CA Zip Code 91104</p> <p>Purpose of Disbursement Consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2362</p> <p>Date of Disbursement 11 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 15410.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Janny Pizza</p> <p>Mailing Address 226 E. Pyron</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Food fr Vol.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2405</p> <p>Date of Disbursement 11 / 18 / 2005</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

16545.15

**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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) Primetime Advertising <hr/> Mailing Address 12508 Jones Maltsburger Ste. 110 <hr/> City San Antonio State TX Zip Code 78249 <hr/> Purpose of Disbursement Political Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2361 Date of Disbursement 10 / 31 / 2005 <hr/> Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Primetime Advertising <hr/> Mailing Address 12508 Jones Maltsburger Ste. 110 <hr/> City San Antonio State TX Zip Code 78249 <hr/> Purpose of Disbursement Political Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2364 Date of Disbursement 11 / 07 / 2005 <hr/> Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Primetime Advertising <hr/> Mailing Address 12508 Jones Maltsburger Ste. 110 <hr/> City San Antonio State TX Zip Code 78249 <hr/> Purpose of Disbursement Political Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D2372 Date of Disbursement 11 / 14 / 2005 <hr/> Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

430.00

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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Norma Estella Reyes

Mailing Address 348 Alexander Hamilton

City San Antonio State TX Zip Code 78228

Purpose of Disbursement  
Reimbursement for Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2345

Date of Disbursement

10 / 11 / 2005

Amount of Each Disbursement this Period

925.00

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

B.

Full Name (Last, First, Middle Initial)  
Norma Estella Reyes

Mailing Address 348 Alexander Hamilton

City San Antonio State TX Zip Code 78228

Purpose of Disbursement  
Reimbursement fr Hdqtrs.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2409

Date of Disbursement

11 / 19 / 2005

Amount of Each Disbursement this Period

121.46

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

C.

Full Name (Last, First, Middle Initial)  
Sandi Root

Mailing Address 30510 Bech Rd

City Bulverde State TX Zip Code 78163

Purpose of Disbursement  
Holiday Luncheon

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2434

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

7.00

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

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

1053.46

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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) San Antonio News</p> <p>Mailing Address P.O. Box 240022</p> <p>City San Antonio State TX Zip Code 78224</p> <p>Purpose of Disbursement Media.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2369</p> <p>Date of Disbursement 11 / 14 / 2005</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Alex Sanchez</p> <p>Mailing Address 1327 Crystal</p> <p>City San Antonio State TX Zip Code 78211</p> <p>Purpose of Disbursement Yard Sign Distribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2433</p> <p>Date of Disbursement 12 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Oscar Sanchez</p> <p>Mailing Address 6535 Madison</p> <p>City Hammond State IN Zip Code 46324</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2306</p> <p>Date of Disbursement 10 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3000.00

**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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Oscar Sanchez

Transaction ID: D2307  
Date of Disbursement

Mailing Address 6535 Madison

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

City Hammond State IN Zip Code 46324

Amount of Each Disbursement this Period

807.75
--------

Purpose of Disbursement  
Reimbursement for gas, food, supplies  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Oscar Sanchez

Transaction ID: D2308  
Date of Disbursement

Mailing Address 6535 Madison

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	5

City Hammond State IN Zip Code 46324

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Staff Salary  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Oscar Sanchez

Transaction ID: D2309  
Date of Disbursement

Mailing Address 6535 Madison

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	0	5

City Hammond State IN Zip Code 46324

Amount of Each Disbursement this Period

527.89
--------

Purpose of Disbursement  
Reimbursement  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: District:

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

3835.64
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Oscar Sanchez

Transaction ID: D2310  
Date of Disbursement

Mailing Address 6535 Madison

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

City Hammond State IN Zip Code 46324

Amount of Each Disbursement this Period

709.37
--------

Purpose of Disbursement

Reimbursement

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Oscar Sanchez

Transaction ID: D2311  
Date of Disbursement

Mailing Address 6535 Madison

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	5

City Hammond State IN Zip Code 46324

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement

Staff Salary

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Oscar Sanchez

Transaction ID: D2312  
Date of Disbursement

Mailing Address 6535 Madison

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

City Hammond State IN Zip Code 46324

Amount of Each Disbursement this Period

430.72
--------

Purpose of Disbursement

Reimbursement Supplies

--

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

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

3640.09
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Oscar Sanchez Mailing Address 6535 Madison City Hammond State IN Zip Code 46324 Purpose of Disbursement Staff Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2371 Date of Disbursement 11 / 15 / 2005 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Oscar Sanchez Mailing Address 6535 Madison City Hammond State IN Zip Code 46324 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2373 Date of Disbursement 11 / 14 / 2005 Amount of Each Disbursement this Period 172.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Oscar Sanchez Mailing Address 6535 Madison City Hammond State IN Zip Code 46324 Purpose of Disbursement Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D2380 Date of Disbursement 11 / 29 / 2005 Amount of Each Disbursement this Period 216.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2888.50

**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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Oscar Sanchez</p> <p>Mailing Address 6535 Madison</p> <p>City Hammond State IN Zip Code 46324</p> <p>Purpose of Disbursement Reimbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2381</p> <p>Date of Disbursement 11 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 176.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Oscar Sanchez</p> <p>Mailing Address 6535 Madison</p> <p>City Hammond State IN Zip Code 46324</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2424</p> <p>Date of Disbursement 11 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Oscar Sanchez</p> <p>Mailing Address 6535 Madison</p> <p>City Hammond State IN Zip Code 46324</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2425</p> <p>Date of Disbursement 12 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**5176.98**

**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 78 / 93

<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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Oscar Sanchez</p> <p>Mailing Address 6535 Madison</p> <p>City Hammond State IN Zip Code 46324</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2426</p> <p>Date of Disbursement 12 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) SBC</p> <p>Mailing Address PO Box 650661</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2335</p> <p>Date of Disbursement 10 / 23 / 2005</p> <p>Amount of Each Disbursement this Period 781.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) SBC</p> <p>Mailing Address PO Box 650661</p> <p>City Dallas State TX Zip Code 75265</p> <p>Purpose of Disbursement Phone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2336</p> <p>Date of Disbursement 10 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 211.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

3493.08

**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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
SBC

Mailing Address PO Box 650661

City Dallas State TX Zip Code 75265

Purpose of Disbursement

Phone Service

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2337

Date of Disbursement

11 / 06 / 2005

Amount of Each Disbursement this Period

224.29

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

B.

Full Name (Last, First, Middle Initial)  
Conklin Scott

Mailing Address 1050 Seventeenth

City Washington State DC Zip Code 20006

Purpose of Disbursement

Consulting Services

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2440

Date of Disbursement

12 / 21 / 2005

Amount of Each Disbursement this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)  
Mr. Sergio Suarez

Mailing Address 6515 Moss Ledge

City San Antonio State TX Zip Code 78242

Purpose of Disbursement

Staff Salary

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2317

Date of Disbursement

10 / 09 / 2005

Amount of Each Disbursement this Period

100.00

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

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

2824.29

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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2318</p> <p>Date of Disbursement 10 / 17 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2319</p> <p>Date of Disbursement 10 / 24 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2320</p> <p>Date of Disbursement 10 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

300.00

**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)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D2321</p> <p>Date of Disbursement 11 / 07 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D2374</p> <p>Date of Disbursement 11 / 15 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D2410</p> <p>Date of Disbursement 11 / 19 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2411</p> <p>Date of Disbursement 11 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2412</p> <p>Date of Disbursement 12 / 07 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2413</p> <p>Date of Disbursement 12 / 16 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>300.00</b></p>
<p><b>TOTAL</b> 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)

<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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2414</p> <p>Date of Disbursement 12 / 19 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mr. Sergio Suarez</p> <p>Mailing Address 6515 Moss Ledge</p> <p>City San Antonio State TX Zip Code 78242</p> <p>Purpose of Disbursement Staff Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2415</p> <p>Date of Disbursement 12 / 23 / 2005</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Sunset Station</p> <p>Mailing Address 1174 E. Commerce</p> <p>City San Antonio State TX Zip Code 78205</p> <p>Purpose of Disbursement Event/Food &amp; Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2436</p> <p>Date of Disbursement 12 / 07 / 2005</p> <p>Amount of Each Disbursement this Period 5404.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>5604.00</p>
<p><b>TOTAL</b> 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)

<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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Sweet Angel Cakes

Mailing Address PO Box 2254

City Lytle State TX Zip Code 78052

Purpose of Disbursement  
Event/Food

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2384  
Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)  
TEXAS DEMOCRATIC PARTY

Mailing Address 707 Rio Grande

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Candidate Name  
TEXAS DEMOCRATIC PARTY

011  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2432  
Date of Disbursement

12 / 03 / 2005

Amount of Each Disbursement this Period

3125.00

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

C.

Full Name (Last, First, Middle Initial)  
Texas Silver Haired Legislature

Mailing Address 601 East Weinert

City Seguin State TX Zip Code 78155

Purpose of Disbursement  
Membership

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D2355  
Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3525.00

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 85 / 93

<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)  
Ciro Rodriguez for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Tiger Sanitation Inc.</p> <p>Mailing Address PO BOX 200143</p> <p>City San Antonio State TX Zip Code 78220</p> <p>Purpose of Disbursement Dumpster</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2346</p> <p>Date of Disbursement 10 / 13 / 2005</p> <p>Amount of Each Disbursement this Period 87.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Tiger Sanitation Inc.</p> <p>Mailing Address PO BOX 200143</p> <p>City San Antonio State TX Zip Code 78220</p> <p>Purpose of Disbursement Dumpster</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2347</p> <p>Date of Disbursement 10 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 55.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Tiger Sanitation Inc.</p> <p>Mailing Address PO BOX 200143</p> <p>City San Antonio State TX Zip Code 78220</p> <p>Purpose of Disbursement Dumpster</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2427</p> <p>Date of Disbursement 11 / 30 / 2005</p> <p>Amount of Each Disbursement this Period 88.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**231.59**

**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)  
Ciro Rodriguez for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Rosalio Tobias <hr/> Mailing Address 1818 Roland Dr. <hr/> City State Zip Code Kyle TX 78640 <hr/> Purpose of Disbursement Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D2359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <hr/> <b>Amount of Each Disbursement this Period</b> 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 10410 Perrin Beitel Rd <hr/> City State Zip Code San Antonio TX 78214 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D121807 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5 <hr/> <b>Amount of Each Disbursement this Period</b> 110.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 10410 Perrin Beitel Rd <hr/> City State Zip Code San Antonio TX 78214 <hr/> Purpose of Disbursement Postage stamps Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D2341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 5 <hr/> <b>Amount of Each Disbursement this Period</b> 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>580.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Ciro Rodriguez for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: D2342 Date of Disbursement 10 / 11 / 2005
	Mailing Address 10410 Perrin Beitel Rd	Amount of Each Disbursement this Period 370.00
	City San Antonio State TX Zip Code 78214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage stamps Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: D2343 Date of Disbursement 10 / 18 / 2005
	Mailing Address 10410 Perrin Beitel Rd	Amount of Each Disbursement this Period 185.00
	City San Antonio State TX Zip Code 78214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Stamps Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: D2383 Date of Disbursement 12 / 02 / 2005
	Mailing Address 10410 Perrin Beitel Rd	Amount of Each Disbursement this Period 185.00
	City San Antonio State TX Zip Code 78214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage stamps Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>740.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<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)  
Ciro Rodriguez for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 10410 Perrin Beitel Rd</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Postage Stamps</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2429</p> <p>Date of Disbursement 12 / 31 / 2005</p> <p>Amount of Each Disbursement this Period 110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) US W Securitary</p> <p>Mailing Address A</p> <p>City Austin State TX Zip Code 73301</p> <p>Purpose of Disbursement Food, drinks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D121878</p> <p>Date of Disbursement 11 / 11 / 2005</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Suite 0001</p> <p>City Chicago State IL Zip Code 60679-0001</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2439</p> <p>Date of Disbursement 12 / 19 / 2005</p> <p>Amount of Each Disbursement this Period 896.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

1506.04

**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 89 / 93

<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)  
Ciro Rodriguez for Congress

A.

Full Name (Last, First, Middle Initial)  
Luby's Cafeteria

Mailing Address 911 N. Main Avenue

City State Zip Code  
San Antonio TX 78212

Purpose of Disbursement  
Meal

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D3163

Date of Disbursement

1 2 / 1 9 / 2 0 0 5

Amount of Each Disbursement this Period

241.28

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

**[MEMO ITEM]**

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

0.00

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

114950.01

# SCHEDULE C (FEC Form 3)

## LOANS

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

PAGE 90 / 93

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

NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

**Transaction ID: L77**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Mr. Sergio Rodriguez

Mailing Address 638 Cantrell

City San Antonio State TX ZIP Code 78221

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
46171.00	20000.00	26171.00

**TERMS**

Date Incurred:    Date Due:  Interest Rate:  % (apr) Secured:  Yes  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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>26171.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>26171.00</b>

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 91 / 93
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Ciro Rodriguez for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Sergio Rodriguez	Nature of Debt (Purpose): Payment on loan
Mailing Address 638 Cantrell	
City San Antonio State TX ZIP Code 78221	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: C3046</b>	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Hon. Ruben Tejada	Nature of Debt (Purpose):
Mailing Address 1313 SE Military Dr.	
City San Antonio State TX ZIP Code 78214	

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID: C1695698</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
2) <b>TOTALS</b> This Period (last page this line number only).....	5000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	26171.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	31171.00

**Image# 28932992638**

Form/Schedule: **F3A**

Transaction ID:

Please note: Based on through our Bank Statements this is our cash on hand, Sch. C is also attached.

Form/Schedule: **SB17**

Transaction ID: **D2439**

\$241.28 payment fro Luby's Cafeteria

\*\*\*\*\*

Image# 28932992639

Form/Schedule: **SB17**  
Transaction ID: **D2956**

Credit Card Service Fee

Form/Schedule: **SD9**  
Transaction ID: **C3046**

Partial payment on a loan to the Sergio Rodriguez campaign having now a balance of \$26,171.00

\*\*\*\*\*