

**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

CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

ADDRESS (number and street)

422 LINCOLN AVENUE

Check if different than previously reported. (ACC)

ALAMEDA

CA

94501

2. FEC IDENTIFICATION NUMBER

C00393272

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

CA 09

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 04 01 2005 through 06 30 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. Brion Wikes

Signature of Treasurer Electronically Filed by Mr. Brion Wikes Date 07 11 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Report Covering the Period: From: ^M 0 ^M 4 ^D 0 ^D 1 ^Y 2 ^Y 0 ^Y 0 ^Y 5 To: ^V 0 ^M 6 ^D 3 ^D 0 ^Y 2 ^Y 0 ^Y 0 ^Y 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(a)).....	297.50	71849.09
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3375.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	297.50	68474.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	5569.82	115295.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	83.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5569.82	115211.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	197.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name
CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Report Covering the Period: From: ^{M M} 0 4 ^{Y Y} 0 1 ^{Y Y} 2 0 0 5 To: ^{Y M} 0 6 ^{Y F} 3 0 ^{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).....	0.00	6150.00
(ii) Unitemized.....	297.50	65699.09
(iii) TOTAL of contributions from Individuals..... ▶	297.50	71849.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	297.50	71849.09
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	83.30
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	297.50	71932.39

DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5569.82	115295.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	2750.00	2750.00
<hr/>		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1900.00	1900.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1900.00	1900.00
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	3375.00
(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	3375.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	10219.82	123320.11
<hr/>		
III. CASH SUMMARY		
<hr/>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....		10119.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....		297.50
25. SUBTOTAL (add Line 23 and Line 24).....		10417.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....		10219.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....		197.61

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate CLAUDIA BERMUDEZ		Candidate ID Number H4CA09051
Name of Principal Campaign Committee CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG		Committee ID Number C C00393272
Committee Address 422 LINCOLN AVENUE		
City ALAMEDA	State CA	ZIP 94501
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees00	.00
2. Aggregate amount of contributions from personal funds of the candidate00	.00
3. Gross receipts minus the candidate's personal contributions00	.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)

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

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

NAME OF COMMITTEE (In Full)
CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Full Name (Last, First, Middle Initial)
A. CLAUDIA BERMUDEZ

Mailing Address 151 LAKESIDE DRIVE #111

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
Campaign Expenses

Candidate Name

Office Sought: House
Senate
President
State: CA District: D8

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.33662
Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

5230.69

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

Full Name (Last, First, Middle Initial)
B. eDonation/Campaign Solutions

Mailing Address 118 North Saint Asaph Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Fees

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.33852
Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

200.00

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

Full Name (Last, First, Middle Initial)
C. EXS

Mailing Address 3901 MacArthur Blvd
Ste 205

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement
Banking Fees

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.33849
Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

32.50

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

SUBTOTAL of Disbursements This Page (optional) ▶ 5463.19

TOTAL This Period (last page this line number only) ▶ 5463.19

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
 CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Full Name (Last, First, Middle Initial)
 A. California Republican Party

Mailing Address 1903 W. Magnolia Blvd.

City Burbank State CA Zip Code 91506

Purpose of Disbursement
 Contribution

Candidate Name
 CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: CA District: D8

Category/
 Type

Transaction ID: SB18.33654
 Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

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

Full Name (Last, First, Middle Initial)
 B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
 Contribution

Candidate Name
 CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: CA District: D8

Category/
 Type

Transaction ID: SB18.33881
 Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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

2750.00

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)

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

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NAME OF COMMITTEE (In Full)
 CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Full Name (Last, First, Middle Initial)
 A. CLAUDIA BERMUDEZ

Mailing Address 151 LAKESIDE DRIVE #111

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement
 Loan Repayment

Candidate Name

Office Sought: House
 Senate
 President
 State: CA District: D8

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB19A.33666
 Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

1900.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1900.00

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

1900.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 9 / 10
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

Transaction ID: SC/10.4100

LOAN SOURCE Full Name (Last, First, Middle Initial) CLAUDIA BERMUDEZ, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 151 LAKEBIDE DRIVE #111	
City OAKLAND State CA ZIP Code 94612	
Original Amount of Loan 4000.00	Cumulative Payment To Date 4000.00
Balance Outstanding at Close of This Period 0.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	02 nd 11 th 2004	On Demand	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	0.00
TOTALS This Period (last page in this line only)	▶	0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

CITIZENSFOR CLAUDIA BERMUDEZ FOR CONG

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CLAUDIA BERMUDEZ

Nature of Debt (Purpose):
Campaigning expenses

Mailing Address 151 LAKESIDE DRIVE #111

City	State	ZIP Code
OAKLAND	CA	94612

Outstanding Balance Beginning This Period

Transaction ID: SD10.33298

5230.69

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

5230.69

0.00

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