

# 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  
Diane E Watson For Congress

ADDRESS (number and street) 1212 S Victory Bl  
 Check if different than previously reported. (ACC)  
Burbank CA 91502

2. **FEC IDENTIFICATION NUMBER** C00364331  
**CITY** STATE ZIP CODE STATE DISTRICT  
IS THIS REPORT  NEW (N) OR  AMENDED (A)  
CA 33

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 11 02 2004 in the State of CA

5. Covering Period 10 14 2004 through 11 22 2004

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 Kinde Durkee

Signature of Treasurer Electronically Filed by Kinde Durkee Date 08 23 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Diane E Watson For Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	0	4

To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	26585.00	275472.66
(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)).....	26585.00	275472.66
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	7177.15	217052.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3329.11
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7177.15	213723.37
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>6655.46</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>77756.40</b>	

**For further information contact:**

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

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

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Diane E Watson For Congress

Report Covering the Period: From:    To:

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2004"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2004"/> (date after general election)
<input type="text" value="11650.00"/> (ii) Unitemized		through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2004"/> (last day of reporting period)
(iii) Total of contributions from individuals		
<input type="text" value="17835.00"/>	<input type="text" value="109847.66"/>	<input type="text" value="1450.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="8750.00"/>	<input type="text" value="165625.00"/>	<input type="text" value="750.00"/>

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate  0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))  26585.00	275472.66	2200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate  0.00	0.00	0.00
(b). All Other Loans  0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))  0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)  0.00	3329.11	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)  0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)  26585.00	278801.77	2200.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Diane E Watson For Congress

Report the covering period

From:

MM 10

DD 14

YYYY 2004

To:

MM 11

DD 22

YYYY 2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
7177.15	217052.48	573.00
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	1000.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	1000.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
-------------------------------	---------------------------------------------------------------------------------------------------	--------------------------	--------------------------------------------------------------------------------------------------------

(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

32500.00	76472.00	0.00
----------	----------	------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

39677.15	294524.48	573.00
----------	-----------	--------

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

26585.00	275472.66	2200.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

7177.15	213723.37	573.00
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	19747.61
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	26585.00
25. SUBTOTAL(add Line 23 and Line 24) .....	46332.61
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	39677.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	6655.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 44
	<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)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Aris Anagnos

Mailing Address 8124 W 3rd St #200

City State Zip Code  
Los Angeles CA 90048

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

Name of Employer Occupation  
Aris Anagnos Real Estate

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

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

**Transaction ID:** SA11ai00000000303513

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)  
Ann S Barker

Mailing Address 1101 E Orangewood Av #104

City State Zip Code  
Anaheim CA 92805

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

Name of Employer Occupation  
Law Offices Of Ann S Barker Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** SA11ai00000000303197

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)  
Bass For State Assembly

Mailing Address 777 S Figueroa St #4050

City State Zip Code  
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** SA11ai00000000303517

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 44
	<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) A. LeRoy Berry		Date of Receipt MM / DD / YYYY 10 / 14 / 2004
Mailing Address 3801 Welland Av		Transaction ID: SA11ai00000000303636
City Los Angeles	State Zip Code CA 90008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Paula A Brown		Date of Receipt MM / DD / YYYY 10 / 14 / 2004
Mailing Address 6401 Sherbourne Dr		Transaction ID: SA11ai00000000302629
City Los Angeles	State Zip Code CA 90056	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John Bryant		Date of Receipt MM / DD / YYYY 10 / 14 / 2004
Mailing Address 707 Wilshire Bl #3030		Transaction ID: SA11ai00000000303522
City Los Angeles	State Zip Code CA 90017	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Operation HOPE	Occupation Chairman	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 44
	<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> James E Castillo, Jr.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 5659 Sloan Pl		<b>Transaction ID:</b> SA11ai00000000303508
City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation UPS Manager		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>B.</b> Donelle Dadigan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1660 N Highland Av		<b>Transaction ID:</b> SA11ai00000000303515
City State Zip Code Los Angeles CA 90028	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Donelle Dadigan Property Investor		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>C.</b> Willie Denton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 17412 Nauset Ct		<b>Transaction ID:</b> SA11ai00000000302630
City State Zip Code Carson CA 90746	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation N/A Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 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) .....	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 44
	<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)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Mablean Ephriam

Mailing Address PO Box 39A60

City State Zip Code  
Los Angeles CA 90039

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

Name of Employer Occupation  
Divorce Court Judge

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: SA11ai00000000303521

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)  
Jacob Friedman

Mailing Address 336 S June St

City State Zip Code  
Los Angeles CA 90010

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

Name of Employer Occupation  
Longwood Management Corp Real Estate

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 4

Transaction ID: SA11ai00000000305275

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Arthur Fullerton

Mailing Address 733 Huntley Dr #3

City State Zip Code  
West Hollywood CA 90069

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

Name of Employer Occupation  
Covenant House Director of Development

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: SA11ai00000000303523

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) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 44
	<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Stanley P Gold</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 4444 Lakeside Dr #350		<b>Transaction ID: SA11ai00000000303491</b>	
City State Zip Code Burbank CA 91505		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Shamrock Holdings Inc CEO			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mattie A Grant</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 4334 Victoria Pk Pl		<b>Transaction ID: SA11ai00000000303189</b>	
City State Zip Code Los Angeles CA 90019-4211		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation N/A Retired			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Clarisa F Howard</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 385 Van Ness Av #200		<b>Transaction ID: SA11ai00000000302632</b>	
City State Zip Code Torrance CA 90501		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation bd Systems Inc President & CEO			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 44
	<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)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Charletta Johnson

Mailing Address 3202 Adams Bl

City State Zip Code  
Los Angeles CA 90018

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

Name of Employer Occupation  
Community Harvest Charter School Educator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID:** SA11ai00000000303520

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)  
Beverly J King

Mailing Address 4940 W 20th St

City State Zip Code  
Los Angeles CA 90016

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

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

**Transaction ID:** SA11ai00000000303733

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marshall G King

Mailing Address 6633 Sherbourne St

City State Zip Code  
Los Angeles CA 90056

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

Name of Employer Occupation  
Custom Building Contractor

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 1 / 0 9 / 2 0 0 4

**Transaction ID:** SA11ai00000000307662

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) ..... ► **800.00**

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

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

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

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

NAME OF COMMITTEE (In Full)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Carl M Kinsey

Mailing Address 5414 Mullen Av

City State Zip Code  
Los Angeles CA 90043

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 4

**Transaction ID:** SA11ai00000000309134

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)  
Los Angeles County Physician's Committee LACPAC

Mailing Address 523 W Sixth St 10th Fl  
PO Box 513465

City State Zip Code  
Los Angeles CA 90051

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 4

**Transaction ID:** SA11ai00000000305274

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Essie McGriff

Mailing Address 3669 Northland Dr

City State Zip Code  
Los Angeles CA 90008

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

Name of Employer N/A Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

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

**Transaction ID:** SA11ai00000000302631

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) ..... ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 44
	<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Essie McGriff</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 3669 Northland Dr		<b>Transaction ID: SA11ai00000000305827</b>	
City State Zip Code Los Angeles CA 90008	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 N/A Occupation Retired	Election Cycle-to-Date ▼ 550.00		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Audrey J Quarles</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 1224 S Gramercy Pl		<b>Transaction ID: SA11ai00000000303655</b>	
City State Zip Code Los Angeles CA 90019	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 N/A Occupation Retired	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lynne C Shifflett</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 8033 Sunset Bl #877		<b>Transaction ID: SA11ai00000000303516</b>	
City State Zip Code Los Angeles CA 90047	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Shifflett Gallery Occupation Art Director	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 44
	<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)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Hortense K Stewart

Mailing Address 2520 Graham Av #2

City State Zip Code  
Redondo Beach CA 90278

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

Name of Employer N/A Occupation Retired

Receipt For: 2004  
 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 4

**Transaction ID:** SA11ai00000000306989

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)  
Roberto Villafan

Mailing Address 2505 Trail Marker PI

City State Zip Code  
Chula Vista CA 91914

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

Name of Employer Dr Roberto Villafana Occupation Dentist

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11ai00000000305206

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)  
Ella M Washington

Mailing Address 2006 W 84t4h PI

City State Zip Code  
Los Angeles CA 90047

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

Name of Employer N/A Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** SA11ai00000000302633

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 44
	<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)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Faye Washington

Mailing Address 5404 W 62nd St

City Los Angeles State CA Zip Code 90056

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

Name of Employer Faye Washington & Assoc Occupation Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11ai00000000303514

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)  
George Whitaker

Mailing Address 1925 Century Park E #500

City Los Angeles State CA Zip Code 90067

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

Name of Employer George Whitaker Occupation Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** SA11ai00000000303519

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)  
Alvin J Wicks

Mailing Address 936 Gladwick St

City Carson State CA Zip Code 90746

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

Name of Employer N/A Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

**Transaction ID:** SA11ai00000000303525

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 44
	<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Geraldine E Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1050 S Cloverdale Av		Transaction ID: SA11ai00000000303527
City State Zip Code Los Angeles CA 90019-5732	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Retired	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Geraldine E Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 1050 S Cloverdale Av		Transaction ID: SA11ai00000000303528
City State Zip Code Los Angeles CA 90019-5732	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Retired	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ralph A Wright		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 4310 Olympiad Dr		Transaction ID: SA11ai00000000303518
City State Zip Code Los Angeles CA 90043	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Retired	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 44	
	(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)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ruth B Ziegler

Mailing Address 1018 Montego Dr

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  

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

**Transaction ID:** SA11ai00000000303512

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11650.00

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

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

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NAME OF COMMITTEE (In Full)  
Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Planned Parenthood Action Fund PAC Mailing Address 810 7th Av City New York State NY Zip Code 10019 FEC ID number of contributing federal political committee. <b>C</b> C00314617 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 <b>Transaction ID:</b> SA11c00000000304230 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>B.</b> Full Name (Last, First, Middle Initial) Realtors PAC Mailing Address 430 N Michigan Av City Chicago State IL Zip Code 60611 FEC ID number of contributing federal political committee. <b>C</b> C00030718 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 <b>Transaction ID:</b> SA11c00000000305831 Amount of Each Receipt this Period 1000.00 <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) Sempra Energy Employees PAC Mailing Address 101 Ash St HQ15B City San Diego State CA Zip Code 92101 FEC ID number of contributing federal political committee. <b>C</b> C00008748 Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4 <b>Transaction ID:</b> SA11c00000000305832 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
Diane E Watson For Congress

**A.** Full Name (Last, First, Middle Initial)  
Sierra Club Political Committee

Mailing Address 85 2nd St 2nd Fl

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

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

**Transaction ID:** SA11c00000000306544

Amount of Each Receipt this Period  
 750.00

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

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

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 8500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 7 / 2 0 0 4

**Transaction ID:** SA11c00000000305271

Amount of Each Receipt this Period  
 5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8750.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 44

<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Bank Of America</b>		<b>Transaction ID:</b> SB17000000000303432
Mailing Address 1825 Buckeye Rd PO Box 53121		Date of Disbursement MM / DD / YYYY 10 / 18 / 2004
City Phoenix	State AZ	Zip Code 85072-3121
Purpose of Disbursement Postage Event Supplies	<input type="checkbox"/> 003	Amount of Each Disbursement this Period 649.62
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank One/Chase Card Services</b>		<b>Transaction ID:</b> SB17000000000303412
Mailing Address PO Box 15153		Date of Disbursement MM / DD / YYYY 10 / 15 / 2004
City Wilmington	State DE	Zip Code 19886
Purpose of Disbursement Postage Supplies Meals Beverages	<input type="checkbox"/> 003	Amount of Each Disbursement this Period 309.74
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank One/Chase Card Services</b>		<b>Transaction ID:</b> SB17000000000309115
Mailing Address PO Box 15153		Date of Disbursement MM / DD / YYYY 10 / 21 / 2004
City Wilmington	State DE	Zip Code 19886
Purpose of Disbursement Voice Mail	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 29.92
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>989.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 44

<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Bank One/Chase Card Services</b>		<b>Transaction ID:</b> SB17000000000309117 Date of Disbursement 10 / 22 / 2004
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 37.00
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Bank One/Chase Card Services</b>		<b>Transaction ID:</b> SB17000000000309129 Date of Disbursement 11 / 18 / 2004
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 148.00
City Wilmington State DE Zip Code 19886	Purpose of Disbursement Postage 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Fifi Bristeu</b>		<b>Transaction ID:</b> SB17000000000309121 Date of Disbursement 10 / 26 / 2004
Mailing Address 300 Corporate Pointe #100		Amount of Each Disbursement this Period 300.00
City Culver City State CA Zip Code 90230	Purpose of Disbursement Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>485.00</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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. D Sam Designs</b>		<b>Transaction ID:</b> SB17000000000303407 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 4322 Wilshire Bl #200		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90010	Purpose of Disbursement Cleanup Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Elaine Gibbs</b>		<b>Transaction ID:</b> SB17000000000309119 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 1430 High Point #101		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90035	Purpose of Disbursement Musician Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jackie Hawthorne</b>		<b>Transaction ID:</b> SB17000000000309125 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 4120 Don Ibarra Pl		Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90008	Purpose of Disbursement Salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1360.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 44

<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Hollywood Party Rental</b>		<b>Transaction ID:</b> SB17000000000303310 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 4884 W 145th St		Amount of Each Disbursement this Period 779.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hawthorne State CA Zip Code 90250	Purpose of Disbursement Equipment Rental Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hollywood Party Rental</b>		<b>Transaction ID:</b> SB17000000000309118 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 4884 W 145th St		Amount of Each Disbursement this Period 165.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hawthorne State CA Zip Code 90250	Purpose of Disbursement Equipment Rental Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Leodis Matthews</b>		<b>Transaction ID:</b> SB17000000000309128 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 4
Mailing Address 4322 Wilshire Bl #200		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90010	Purpose of Disbursement Rent Candidate Name Category/Type 001	
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) ..... ▶	1144.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 44

<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID:</b> SB17000000000309130 Date of Disbursement 11 / 18 / 2004
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Catering Candidate Name Category/Type 003	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nova Information Systems Inc/Durkee &amp; Associates</b>		<b>Transaction ID:</b> SB17000000000303208 Date of Disbursement 10 / 14 / 2004
Mailing Address 5601 E Slauson Av		Amount of Each Disbursement this Period 8.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City City Of Commerce State CA Zip Code 90040	Purpose of Disbursement Credit Card Processing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Nova Information Systems Inc/Durkee &amp; Associates</b>		<b>Transaction ID:</b> SB17000000000303210 Date of Disbursement 10 / 14 / 2004
Mailing Address 5601 E Slauson Av		Amount of Each Disbursement this Period 88.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City City Of Commerce State CA Zip Code 90040	Purpose of Disbursement Credit Card Processing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	321.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 26 / 44

<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)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Nova Information Systems Inc/Durkee &amp; Associates</b>		<b>Transaction ID:</b> SB17000000000306991 Date of Disbursement 10 / 29 / 2004
Mailing Address 5601 E Slauson Av		Amount of Each Disbursement this Period 44.00
City Of Commerce State CA Zip Code 90040	Purpose of Disbursement Credit Card Processing Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. PShaw's Bistro</b>		<b>Transaction ID:</b> SB17000000000303430 Date of Disbursement 10 / 15 / 2004
Mailing Address 6099 Sunset Bl		Amount of Each Disbursement this Period 1490.00
City Los Angeles State CA Zip Code 90028	Purpose of Disbursement Catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Sutter's Mill</b>		<b>Transaction ID:</b> SB17000000000309124 Date of Disbursement 10 / 27 / 2004
Mailing Address 499 S Capitol St SW		Amount of Each Disbursement this Period 309.34
City Washington State DC Zip Code 20003	Purpose of Disbursement Telephone Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1843.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 44

<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)  
Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Norm Williams		<b>Transaction ID:</b> SB17000000000303387 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 5848 S La Brea Av		Amount of Each Disbursement this Period 400.00
City Los Angeles State CA Zip Code 90056	Purpose of Disbursement Entertainment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Z Valet & Shuttle Service Inc		<b>Transaction ID:</b> SB17000000000303297 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 4221 Wilshire Bl #170-14		Amount of Each Disbursement this Period 496.00
City Los Angeles State CA Zip Code 90010	Purpose of Disbursement Valet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

896.00

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

7039.37

# 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 28 / 44

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

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NAME OF COMMITTEE (In Full)  
Diane E Watson For Congress

Full Name (Last, First, Middle Initial) <b>A. Denise Majette For Senate</b>		<b>Transaction ID:</b> SB21000000000309126 Date of Disbursement 10 / 29 / 2004
Mailing Address 250 E Ponce De Leon #322		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
City Decatur State GA Zip Code 30033	011 Category/Type	
Purpose of Disbursement Contribution Candidate Name Denise Majette		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 00		

Full Name (Last, First, Middle Initial) <b>B. Re-Elect Mary Y. Jung</b>		<b>Transaction ID:</b> SB21000000000304216 Date of Disbursement 10 / 20 / 2004
Mailing Address 1390 Market St #818		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Francisco State CA Zip Code 94102	011 Category/Type	
Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Mary Y. Jung</b>		<b>Transaction ID:</b> SB21000000000309123 Date of Disbursement 10 / 27 / 2004
Mailing Address 1390 Market St #818		Amount of Each Disbursement this Period 12000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Francisco State CA Zip Code 94102	011 Category/Type	
Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>32500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>32500.00</b>

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

(Use separate schedule(s) for each numbered line)	PAGE 29 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Printco Graphics Inc	Nature of Debt (Purpose): Invitations
Mailing Address 2943 Supply Av	
City State ZIP Code Commerce CA 90040	

Outstanding Balance Beginning This Period <input type="text" value="3093.27"/>	<b>Transaction ID:</b> SD10000000000001409	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3093.27"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period <input type="text" value="3130.28"/>	<b>Transaction ID:</b> SD10000000000001417	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3130.28"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting Postage Fax Copies Messenger
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period <input type="text" value="3369.75"/>	<b>Transaction ID:</b> SD10000000000001420	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3369.75"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="9593.30"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 30 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period 4273.37	<b>Transaction ID: SD10000000000001941</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4273.37

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period 3979.72	<b>Transaction ID: SD10000000000001942</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3979.72

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period 3813.21	<b>Transaction ID: SD10000000000001943</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3813.21

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>12066.30</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)	PAGE 31 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting Postage Fax Co- pies Messenger
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period <input type="text" value="30433.67"/>	<b>Transaction ID:</b> SD100000000000002660	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="30433.67"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Durkee & Associates	Nature of Debt (Purpose): Accounting
Mailing Address 1212 S Victory Bl	
City State ZIP Code Burbank CA 91502	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD100000000000003075	
Amount Incurred This Period <input type="text" value="2000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Fairbank Maslin Maullin & Associates	Nature of Debt (Purpose): Polling
Mailing Address 2425 Colorado Ave #180	
City State ZIP Code Santa Monica CA 90404	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID:</b> SD100000000000001384	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="35433.67"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Telincs	Nature of Debt (Purpose): Live Agent Calls
Mailing Address 2724 W 8th St	
City State ZIP Code Los Angeles CA 90005	

Outstanding Balance Beginning This Period 2401.20	<b>Transaction ID:</b> SD100000000000000283	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2401.20

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ampco Parking	Nature of Debt (Purpose): Parking
Mailing Address 300 Corporate Pt #301	
City State ZIP Code Culver City CA 90230	

Outstanding Balance Beginning This Period 60.00	<b>Transaction ID:</b> SD100000000000005110	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ampco Parking	Nature of Debt (Purpose): Parking
Mailing Address 300 Corporate Pt #301	
City State ZIP Code Culver City CA 90230	

Outstanding Balance Beginning This Period 60.00	<b>Transaction ID:</b> SD100000000000005108	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>2521.20</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	



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

(Use separate schedule(s) for each numbered line)	PAGE 33 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Ampco Parking	Nature of Debt (Purpose): Parking
Mailing Address 300 Corporate Pt #301	
City State ZIP Code Culver City CA 90230	

Outstanding Balance Beginning This Period <input type="text" value="60.00"/>	<b>Transaction ID:</b> SD100000000000005111	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="2521.23"/>	<b>Transaction ID:</b> SD100000000000005102	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2521.23"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID:</b> SD100000000000001412	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5581.23"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID:</b> SD100000000000005109	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID:</b> SD100000000000005104	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 478.77	<b>Transaction ID:</b> SD100000000000005107	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 478.77

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>6478.77</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 35 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID:</b> SD100000000000005106	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="3000.00"/>	<b>Transaction ID:</b> SD100000000000005112	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3000.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period <input type="text" value="150.95"/>	<b>Transaction ID:</b> SD100000000000005113	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="150.95"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="6000.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 36 / 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Diane E Watson For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 81.93	<b>Transaction ID: SD10000000000005114</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 81.93

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sutter's Mill	Nature of Debt (Purpose): Fundraising
Mailing Address 499 S Capitol St SW	
City State ZIP Code Washington DC 20003	

Outstanding Balance Beginning This Period 73.46	<b>Transaction ID: SD10000000000005115</b>	
Amount Incurred This Period 0.00	Payment This Period 73.46	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	81.93
2) <b>TOTALS</b> This Period (last page this line number only).....	77756.40
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

Image# 26960346594

Form/Schedule: **SB17** 10/14/04 - 99cent Only Stores - \$85.73 - Event Supplies - 6121 Wilshire Bl - Los Angeles CA - 90048 - 10/15/04  
US Postal Service - \$370.00 - Postage - 5350 Wilshire Bl - Los Angeles CA - 90036 - 10/14/04 - Smart & Final  
Transaction ID: **SB170000000000303432** - \$193.89 - Event Supplies - 6060 N Figueroa St - Los Angeles CA - 90042

Form/Schedule: **SB17** 10-12-04 - Micelis - \$52.07 - Meals - 3655 Cahuenga Bl - Los Angeles CA - 90068 - 10-14-04 - Trader Joes - \$77-  
55 - Beverages - 9290 Culver Bl - Culver City CA - 90232 - 10-01-04 - USPS - \$74.00 - Postage - 235 N Glebe  
Transaction ID: **SB170000000000303419** Rd - Arlington VA - 22203 - 10/01/04 - Staples - \$97.32 - Event Supplies - 3301 Jefferson Davis Hwy - Arlington  
VA - 22314

\*\*\*\*\*

**Image# 26960346595**

Form/Schedule: **SB17** 11-15-04 - USPS - \$111.00 - Postage - Cannon House Postal Store - Washington DC 20515 - 10-28-04 - USPS - \$37.-  
Transaction ID: **SB170000000000369129**

Form/Schedule: **SD10** This debt amount is an estimate.  
Transaction ID: **SD10000000000005110**

\*\*\*\*\*

**Image# 26960346596**

Form/Schedule: **SD10**      This debt amount is an estimate.

Transaction ID: **SD10000000000005108**

Form/Schedule: **SD10**      This debt amount is an estimate.

Transaction ID: **SD10000000000005111**

\*\*\*\*\*

**Image# 26960346597**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005102**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000001412**

\*\*\*\*\*



**Image# 26960346598**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005109**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005104**

\*\*\*\*\*

**Image# 26960346599**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005107**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005106**

\*\*\*\*\*

**Image# 26960346600**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005112**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005113**

\*\*\*\*\*

**Image# 26960346601**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005114**

Form/Schedule: **SD10** This debt amount is an estimate.

Transaction ID: **SD10000000000005115**

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