

# 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

Barbara Lee for Congress

ADDRESS (number and street) 1736 Franklin Street #550

Check if different than previously reported. (ACC)

Oakland CA 94612

2. **FEC IDENTIFICATION NUMBER** C00331769

**CITY** STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) 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 11 02 2010 in the State of CA

(c) 30-Day **POST**-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 H. Lee Halterman

Signature of Treasurer Electronically Filed by H. Lee Halterman Date 10 21 2010

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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Barbara Lee for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	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)).....	22780.00	1032884.80
(b) Total Contribution Refunds (from Line 20(d)).....	4200.00	8675.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	18580.00	1024209.80
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	18927.70	860076.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	28942.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18927.70	831133.94
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>66417.65</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>0.00</b>	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Barbara Lee for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	13800.00	571240.22
(i) Itemized (use Schedule A).....	3080.00	83863.39
(ii) Unitemized.....	16880.00	655103.61
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	5900.00	377781.19
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	22780.00	1032884.80
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	28942.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	1000.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	22780.00	1062827.71

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	18927.70	860076.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	4000.00	7475.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	200.00	1200.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4200.00	8675.00
21. OTHER DISBURSEMENTS.....	27000.00	183840.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50127.70	1052591.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	93765.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	22780.00
25. SUBTOTAL (add Line 23 and Line 24).....	116545.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50127.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66417.65

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 27  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Barbara Lee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Julie T Absey  
Mailing Address 5871 Skyline Blvd  
City Oakland State CA Zip Code 94611-1037  
FEC ID number of contributing federal political committee. C  
Name of Employer Self employed Occupation Consultant  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0  
**Transaction ID:** C3599571  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Kamesh Aiyer  
Mailing Address 11 Magazine St # 2  
City Cambridge State MA Zip Code 02139-3961  
FEC ID number of contributing federal political committee. C  
Name of Employer Kashi Software Architects, Inc. Occupation Consultant  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0  
**Transaction ID:** C3597566  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert A Brown  
Mailing Address 6108 Dover St  
City Oakland State CA Zip Code 94609-1222  
FEC ID number of contributing federal political committee. C  
Name of Employer Sportsvisions Occupation Owner  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0  
**Transaction ID:** C3597598  
Amount of Each Receipt this Period 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mary Butler</p> <p>Mailing Address 1330 Broadway Ste 1825</p> <p>City State Zip Code Oakland CA 94612-2517</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Williams Adley Company CPA</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C3599584</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2400.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Merlin Edwards</p> <p>Mailing Address PO Box 1072</p> <p>City State Zip Code El Cerrito CA 94530-1072</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self employed Consultant</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 6 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C3597605</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">100.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Rollington Ferguson, MD</p> <p>Mailing Address 471 27th St Ste A</p> <p>City State Zip Code Oakland CA 94612-2453</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Sinkler Miller Medical Association Physician</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 6 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C3599492</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">2400.00</span></p> <p>Excess general election contribution refunded</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">4900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; height: 20px;"></span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gloria J. Grant

Mailing Address 88 Montwood Way

City State Zip Code  
Oakland CA 94605

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

**Transaction ID:** C3599582

Amount of Each Receipt this Period  
200.00

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
Julie M Hadnot

Mailing Address 10835 Etrick St

City State Zip Code  
Oakland CA 94605-5523

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kaiser Permanente Director

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

**Transaction ID:** C3599587

Amount of Each Receipt this Period  
100.00

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ying Lee

Mailing Address 2047 Berryman St

City State Zip Code  
Berkeley CA 94709-1957

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

**Transaction ID:** C3600133

Amount of Each Receipt this Period  
100.00

Amount of Each Receipt this Period  
475.00

**SUBTOTAL** of Receipts This Page (optional) ..... 400.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 27  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carol Miller

Mailing Address 38 Schooner HI

City State Zip Code  
Oakland CA 94618-2335

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
University of California Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

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

**Transaction ID:** C3599484

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Glenda F Newell-Harris, MD

Mailing Address 4082 Sequoyah Rd

City State Zip Code  
Oakland CA 94605-4538

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Planned Parenthood Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

**Transaction ID:** C3599581

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Norton

Mailing Address 308 W Calora St

City State Zip Code  
San Dimas CA 91773-2927

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	1	0

**Transaction ID:** C3599585

Amount of Each Receipt this Period  
100.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<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)  
Barbara Lee for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) William B Patterson	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Mailing Address 5861 Balmoral Dr	<b>Transaction ID:</b> C3597572
	City State Zip Code Oakland CA 94619-2438	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Retired Occupation Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tillman Pugh	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 6030 Wood Dr	<b>Transaction ID:</b> C3600140
	City State Zip Code Oakland CA 94611-3157	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Met Life Occupation Financial Planner Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Quinn	Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0
	Mailing Address 350 30th Street, #411	<b>Transaction ID:</b> C3599497
	City State Zip Code Oakland CA 94609	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sutter Health Occupation Physician Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 27  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frazier Scurry-Scott

Mailing Address 360 Grand Ave

City State Zip Code  
Oakland CA 94610-4840

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

Name of Employer Total Concept Catering Occupation Caterer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** C3597639

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6534 Tremont St

City State Zip Code  
Oakland CA 94609-1022

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

Name of Employer Alameda Health Center Occupation Health Planner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C3600137

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sidney Strickland, Jr.

Mailing Address 12003 Pleasant Prospect Road

City State Zip Code  
Bowie MD 20721

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** C3597644

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

Barbara Lee for Congress

**A.**

Full Name (Last, First, Middle Initial)

Warren J. Strudwick, Jr.

Mailing Address 5915 Hollis Street, Suite B

City State Zip Code  
Emeryville CA 94608-2066

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

Name of Employer Self employed Occupation  
Self employed Physician

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2900.00

Date of Receipt

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

Transaction ID: C3599505

Amount of Each Receipt this Period

2500.00

Excess general election contribution refunded

**B.**

Full Name (Last, First, Middle Initial)

Eleanor Tucker

Mailing Address 6296 Mission St

City State Zip Code  
Daly City CA 94014-2009

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

Name of Employer Self employed Occupation  
Self employed Dentist

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C3599489

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Donna White Carey, MD

Mailing Address 3401 Malcolm Ave

City State Zip Code  
Oakland CA 94605-5348

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

Name of Employer Self employed Occupation  
Self employed Pediatrician

Receipt For: 2010 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: C3599475

Amount of Each Receipt this Period

500.00

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

3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 27
	(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)  
Barbara Lee for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Virgil Williams

Mailing Address 55 Yorkshire Dr

City State Zip Code  
Oakland CA 94618-2021

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

Name of Employer Self employed Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: C3599465

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Anita Youngblood

Mailing Address 180 Montgomery St

City State Zip Code  
San Francisco CA 94104-4205

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

Name of Employer Self employed Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 1 0

Transaction ID: C3599474

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 27
	(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)  
Barbara Lee for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) ComCast Corp PAC		Date of Receipt
	Mailing Address 1500 Market St 35th Floor		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Philadelphia	PA	19102
	FEC ID number of contributing federal political committee.		Transaction ID: C3597650
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="6000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) CSX Corporation Good Government Fund		Date of Receipt
	Mailing Address 1331 Pennsylvania Ave NW Ste 560		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1745
	FEC ID number of contributing federal political committee.		Transaction ID: C3597580
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) International Union of Painters and Allied Trades		Date of Receipt
	Mailing Address 1750 New York Ave NW		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20006-5305
	FEC ID number of contributing federal political committee.		Transaction ID: C3594674
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2010		Election Cycle-to-Date ▼	<input type="text" value="400.00"/>
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		<input type="text" value="9800.00"/>	Excess general election contribution refunded
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2400.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 27
	(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)  
Barbara Lee for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Realtors Political Action Committee

Mailing Address 430 N Michigan Ave

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

**Transaction ID: C3597584**

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Unite Here TIP Campaign Committee

Mailing Address 275 Seventh Ave 10th Floor

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2010

**Transaction ID: C3597588**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5900.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Act Blue Technical Services <hr/> Mailing Address PO Box 390728 <hr/> City Cambridge State MA Zip Code 02139-0008 <hr/> Purpose of Disbursement Online contribution fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D222707 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 19.75
	Category/ Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Alana Ross Events <hr/> Mailing Address 3871 Piedmont Ave. <hr/> City Oakland State CA Zip Code 94611 <hr/> Purpose of Disbursement Fundraising fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223303 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address PO Box 515188 <hr/> City Los Angeles State CA Zip Code 90051-5188 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223307 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 161.90
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1181.65

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)  
Jillian Love-Bloom

Mailing Address 427 63rd St

City Oakland State CA Zip Code 94609-1314

Purpose of Disbursement  
Clerical services in campaign office

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D223311  
Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)  
Marriott Hotels - Oakland City Center

Mailing Address 1001 Broadway

City Oakland State CA Zip Code 94607-4019

Purpose of Disbursement  
Fundraising event - banquet room and dining

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D223306  
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

2015.01

C.

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

Mailing Address 30 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
Dining

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D223299  
Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

296.05

SUBTOTAL of Disbursements This Page (optional) ▶

2811.06

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) Public Storage  Mailing Address 1829 Webster St  City Alameda State CA Zip Code 94501-2137  Purpose of Disbursement Storage space rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223302 Date of Disbursement 10 / 01 / 2010  Amount of Each Disbursement this Period 169.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) The California Building  Mailing Address 1736 Franklin St Ste 300  City Oakland State CA Zip Code 94612-3451  Purpose of Disbursement Parking Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223296 Date of Disbursement 10 / 01 / 2010  Amount of Each Disbursement this Period 140.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) The California Building  Mailing Address 1736 Franklin St Ste 300  City Oakland State CA Zip Code 94612-3451  Purpose of Disbursement Office rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223298 Date of Disbursement 10 / 01 / 2010  Amount of Each Disbursement this Period 587.10  001 Category/ Type

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

**896.10**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 27

<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)  
Barbara Lee for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) U.S. Bancorp (BL) <hr/> Mailing Address PO Box 790408 <hr/> City Saint Louis State MO Zip Code 63179-0408 <hr/> Purpose of Disbursement Debt payment - credit card sch. D Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D222377 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 4832.49
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) U.S. Bank <hr/> Mailing Address 621 Capitol Mall #110 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Credit card processing fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223424 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 566.69
	Category/ Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address PO Box 894820 <hr/> City Los Angeles State CA Zip Code 90189-4820 <hr/> Purpose of Disbursement Postage & delivery Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D223304 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 72.47
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

5471.65

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) U.S. Bancorp (JN)	Transaction ID: D222372 Date of Disbursement 10 / 05 / 2010
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 206.24
	City Saint Louis State MO Zip Code 63179-0408	
	Purpose of Disbursement Credit card payment - U.S. Bancorp (JN)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D222374 Date of Disbursement 10 / 05 / 2010
	Mailing Address PO Box 515188	Amount of Each Disbursement this Period 80.98
	City Los Angeles State CA Zip Code 90051-5188	
	Purpose of Disbursement Telephone	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) U.S. Bancorp (HLH)	Transaction ID: D222379 Date of Disbursement 10 / 05 / 2010
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 250.00
	City Saint Louis State MO Zip Code 63179-0408	
	Purpose of Disbursement Credit card payment - U.S. Bancorp (HLH)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	456.24
<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)  
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) JBA Network	Transaction ID: D222380 Date of Disbursement 10 / 05 / 2010
	Mailing Address 311 Montford Ave	Amount of Each Disbursement this Period 250.00
	City Asheville State NC Zip Code 28801-1609	
	Purpose of Disbursement Email service Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Earp Events & Fundraising	Transaction ID: D223300 Date of Disbursement 10 / 01 / 2010
	Mailing Address 4200 Park Blvd # 128	Amount of Each Disbursement this Period 6541.09
	City Oakland State CA Zip Code 94602	
	Purpose of Disbursement Fundraising Fee & expense Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Scott's Jack London Seafood, Inc.	Transaction ID: D223301 Date of Disbursement 10 / 01 / 2010
	Mailing Address 255 3rd St Ste 102	Amount of Each Disbursement this Period 392.64
	City Oakland State CA Zip Code 94607-4334	
	Purpose of Disbursement Dining Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6541.09
<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)  
Barbara Lee for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. Bancorp (BL)	<b>Transaction ID:</b> D223349 Date of Disbursement 10 / 13 / 2010	
	Mailing Address PO Box 790408		
	City Saint Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period	1544.96
	Purpose of Disbursement Credit card payment - U.S. Bancorp (BL)	001 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Hilton Hotels	<b>Transaction ID:</b> D223353 Date of Disbursement 10 / 12 / 2010	
	Mailing Address 755 Crossover Ln		
	City Memphis State TN Zip Code 38117-4906	Amount of Each Disbursement this Period	635.86
	Purpose of Disbursement Hotel	002 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
<b>C.</b>	Full Name (Last, First, Middle Initial) United Airlines	<b>Transaction ID:</b> D223350 Date of Disbursement 10 / 04 / 2010	
	Mailing Address 1200 E Algonquin Rd		
	City Elk Grove Village State IL Zip Code 60007	Amount of Each Disbursement this Period	381.70
	Purpose of Disbursement Air fare	002 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

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

1544.96

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1200 E Algonquin Rd

City Elk Grove Village State IL Zip Code 60007

Purpose of Disbursement  
Air fare

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D223351  
Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

381.70

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
U.S. Bancorp (HLH)

Mailing Address PO Box 790408

City Saint Louis State MO Zip Code 63179-0408

Purpose of Disbursement  
Credit card payment - U.S. Bancorp (HLH)

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D223358  
Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

24.95

C.

Full Name (Last, First, Middle Initial)  
Net Wizards

Mailing Address 90 S Spruce Ave Ste 5

City South San Francisc State CA Zip Code 94080

Purpose of Disbursement  
Internet for campaign office

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D223360  
Date of Disbursement

10 / 08 / 2010

Amount of Each Disbursement this Period

24.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

24.95

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

18927.70

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Rollington Ferguson, MD  Mailing Address 471 27th St Ste A  City Oakland State CA Zip Code 94612-2453  Purpose of Disbursement Refund excess contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> D223323 Date of Disbursement 10 / 13 / 2010  Amount of Each Disbursement this Period 1000.00  010 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert L Harris  Mailing Address 4082 Sequoyah Rd  City Oakland State CA Zip Code 94605-4538  Purpose of Disbursement Refund excess contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> D223315 Date of Disbursement 10 / 12 / 2010  Amount of Each Disbursement this Period 2400.00  010 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Helen Nicholas  Mailing Address 2780 Carisbrook Dr  City Oakland State CA Zip Code 94611-1612  Purpose of Disbursement Refund excess contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> D223253 Date of Disbursement 10 / 12 / 2010  Amount of Each Disbursement this Period 500.00  010 Category/ Type

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

**3900.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)  
Warren J. Strudwick, Jr.

Transaction ID: D224067  
Date of Disbursement

Mailing Address 5915 Hollis Street, Suite B

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 1	<sup>D</sup> 3	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
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City Emeryville State CA Zip Code 94608-2066

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Refund excess contribution

010  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

100.00
--------

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

4000.00
---------



**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)

PAGE 25 / 27

<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 checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)  
International Union of Painters and Allied Trades

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

Purpose of Disbursement  
Refund excess contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D223313

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

200.00

General election refund

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

200.00

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

200.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Barbara Lee for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Butterfield for Congress <hr/> Mailing Address PO Box 2571 <hr/> City Wilson State NC Zip Code 27894-2571 <hr/> Purpose of Disbursement Contribution Candidate Name G. K. Butterfield <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D220965 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee <hr/> Mailing Address 430 S Capitol St SE 2nd Floor <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement Unlimited dues transfer to DCCC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D223309 Date of Disbursement 10 / 05 / 2010 <hr/> Amount of Each Disbursement this Period 25000.00
	Category/Type 012
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Spratt for Congress Committee <hr/> Mailing Address PO Box 830 <hr/> City York State SC Zip Code 29745-0830 <hr/> Purpose of Disbursement Contribution Candidate Name John M. Spratt, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D220964 Date of Disbursement 10 / 01 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	27000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	27000.00

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

(Use separate schedule(s) for each numbered line)	PAGE 27 / 27	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bancorp (BL)			Nature of Debt (Purpose): Credit card debt
Mailing Address PO Box 790408			
City Saint Louis	State MO	ZIP Code 63179-0408	

Outstanding Balance Beginning This Period		Transaction ID: D205008	
4832.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	4832.49	0.00	

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