

**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

Friends of Dennis Cardoza

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

C00383794

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CA 18

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 03 02 2004 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 01 01 2004 through 02 11 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 Gregory Ray Olzack

Signature of Treasurer Electronically Filed by Gregory Ray Olzack Date 02 18 2004

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

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Dennis Cardoza

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 1 0 1 2 0 0 4 0 2 1 1 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	11985.00	342391.31
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11985.00	341391.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	26422.60	202015.25
(b) Total Offsets to Operating Expenditures (from Line 14).....	703.87	804.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25718.73	201210.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	64305.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Dennis Cardoza

Report Covering the Period: From: ^{M M} 0 1 ^{D J} 0 1 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 0 2 ^{U J} 1 1 ^{Y Y Y Y} 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	4250.00	
(i) Itemized (use Schedule A).....	235.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions	4485.00	140363.60
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	7500.00	202027.71
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	11985.00	342391.31
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	703.87	804.78
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	38.30	114.03
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	12727.17	343310.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	26422.60	202015.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	43129.07	43129.07
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
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
<hr/>		
21. OTHER DISBURSEMENTS.....	7250.00	32860.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	76801.67	279004.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	128380.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	12727.17
25. SUBTOTAL (add Line 23 and Line 24).....	141107.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76801.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	64305.80

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) A. Joyce J. Logsdon		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 1690 North Johnson Road		Transaction ID: A583
City Turlock	State CA	Zip Code 95382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Valley Wood Preserving	Occupation Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mike Logsdon		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 3202 A East Capri Street		Transaction ID: A584
City Ontario	State CA	Zip Code 91761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Valley Wood Preserving	Occupation Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mitch Logsdon		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 2381 Nordic Way		Transaction ID: A585
City Turlock	State CA	Zip Code 95382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer United Equipment Company	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) A. F. Allen Rutledge, II		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 780 West Olive Avenue, #105		Transaction ID: A559
City Merced	State CA	Zip Code 95348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer F. Allen Rutledge, Physi- cian	Occupation Physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert A. Schmidt		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address P.O. Box 1807		Transaction ID: A586
City Turlock	State CA	Zip Code 95381
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Valley Wood Preserving	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	4250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) A. American Development Political Action Committee		Date of Receipt M / D / Y 01 / 20 / 2004
Mailing Address 2201 Cooperative Way, 3rd Floor		Transaction ID: A587
City Herndon	State VA	Zip Code 20171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. American Psychiatric Association, Political Action Committee		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 1400 K Street, N.W.		Transaction ID: A586
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Farmers' Rice Cooperative Fund		Date of Receipt M / D / Y 02 / 03 / 2004
Mailing Address P.O. Box 15223		Transaction ID: A582
City Sacramento	State CA	Zip Code 95851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) A. MINEPAC-A Political Action Committee of the National Mining Association		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 101 Constitution Avenue NW, Suite 500 E.		Transaction ID: A567
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Supporters of Engineers Local 9 Endorsed Candidates		Date of Receipt M / D / Y 01 / 22 / 2004
Mailing Address 1620 South Loop Drive		Transaction ID: A569
City Alameda	State CA	Zip Code 94501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Transport Workers Union Political Contributions Committee		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1700 Broadway, 2nd Floor		Transaction ID: A588
City New York	State NY	Zip Code 10019-5505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	7500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
 or each category of the
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FOR LINE NUMBER: PAGE 9 / 33

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial) A. City of Modesto - Parks, Recreation, and Neighborhoods		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address P.O. Box 642		Transaction ID: A562
City	State	Zip Code
Modesto	CA	95353
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 226.00
Name of Employer	Occupation	Refund Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 226.00	

Full Name (Last, First, Middle Initial) B. State Compensation Insurance Fund		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address P.O. Box 254700		Transaction ID: A565
City	State	Zip Code
Sacramento	CA	95865-9900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer	Occupation	Refund Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	646.00
TOTAL This Period (last page this line number only)	▶	646.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. Capital One

Mailing Address P.O. Box 60000

City Seattle State WA Zip Code 98190-8000

Purpose of Disbursement
 Office Supplies

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B401

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

80.91

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

Full Name (Last, First, Middle Initial)

B. Dennis Cardoza

Mailing Address 5576 Zeiner Court

City Atwater State CA Zip Code 95301

Purpose of Disbursement
 Gifts for Constituents

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B372

Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

568.48

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

Full Name (Last, First, Middle Initial)

C. Costco

Mailing Address 1200 South Fern Street

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
 Gifts for Constituents

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: S58

Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

588.48

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

649.39

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Federal Express, Inc.

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: B40D
 Date of Disbursement 01 / 26 / 2004

Amount of Each Disbursement this Period 37.40

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

Full Name (Last, First, Middle Initial)
B. Gowans Printing Co.

Mailing Address 1310 H Street

City Modesto State CA Zip Code 95354

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: B373
 Date of Disbursement 01 / 02 / 2004

Amount of Each Disbursement this Period 1475.82

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

Full Name (Last, First, Middle Initial)
C. Gowans Printing Co.

Mailing Address 1310 H Street

City Modesto State CA Zip Code 95354

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: B375
 Date of Disbursement 01 / 05 / 2004

Amount of Each Disbursement this Period 1938.01

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3451.23**

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. Harry's Affairs

Mailing Address 2760A Sherwood Avenue

City Modesto State CA Zip Code 95350

Purpose of Disbursement
 Fundraising Catering

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

003
 Category/
 Type

Transaction ID: B371

Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

1322.00

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

Full Name (Last, First, Middle Initial)

B. Andrew R. Johnson

Mailing Address 638 California Street

City Ripon State CA Zip Code 95366

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: B389

Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

367.02

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

Full Name (Last, First, Middle Initial)

C. Andrew R. Johnson

Mailing Address 638 California Street

City Ripon State CA Zip Code 95366

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: B410

Date of Disbursement

01 / 31 / 2004

Amount of Each Disbursement this Period

367.02

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

SUBTOTAL of Disbursements This Page (optional) ▶

2056.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Mike Lynch dba Mike Lynch Consulting

Mailing Address P.O. Box 555

City Modesto State CA Zip Code 95353

Purpose of Disbursement
 Campaign Consulting

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: B36B
 Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)
B. Mike Lynch

Mailing Address P.O. Box 555

City Modesto State CA Zip Code 95353

Purpose of Disbursement
 Campaign Consulting

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: B43D
 Date of Disbursement

01 / 30 / 2004

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)
C. Randy Moore

Mailing Address 3225 St. Gotthard Way

City Ceres State CA Zip Code 95307

Purpose of Disbursement
 Food and Beverages for Reception

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: B369
 Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

254.54

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

SUBTOTAL of Disbursements This Page (optional) ▶

4254.54

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Costco

Mailing Address 1200 South Fern Street

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
 Food and Beverages for Reception

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: S51
 Date of Disbursement
 01 / 02 / 2004

Amount of Each Disbursement this Period
 205.58

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Olson, Hagel & Fishburn LLP

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
 Legal & Reporting Services

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: B388
 Date of Disbursement
 01 / 15 / 2004

Amount of Each Disbursement this Period
 2324.10

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

Full Name (Last, First, Middle Initial)
C. Rita Copeland dba River City Business Services

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
 Payroll Taxes

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type: 001

Transaction ID: B393
 Date of Disbursement
 01 / 15 / 2004

Amount of Each Disbursement this Period
 107.35

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

SUBTOTAL of Disbursements This Page (optional) ▶ **2431.54**

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
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FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Rita Copeland dba River City Business Services

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
 Payroll Services

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 001

Transaction ID: B394
 Date of Disbursement
 01 / 15 / 2004

Amount of Each Disbursement this Period
 49.50

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

Full Name (Last, First, Middle Initial)
B. Rita Copeland dba River City Business Services

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
 Payroll Taxes

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 001

Transaction ID: B413
 Date of Disbursement
 01 / 31 / 2004

Amount of Each Disbursement this Period
 107.35

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

Full Name (Last, First, Middle Initial)
C. Rita Copeland dba River City Business Services

Mailing Address 5435 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
 Payroll Services

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/Type
 001

Transaction ID: B414
 Date of Disbursement
 01 / 31 / 2004

Amount of Each Disbursement this Period
 34.50

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

SUBTOTAL of Disbursements This Page (optional) ▶ **191.35**

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Sassafras Culinary Creation

Mailing Address 804 Carmel Avenue

City Modesto State CA Zip Code 95354

Purpose of Disbursement
Fundraising Catering

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

003
Category/
Type

Transaction ID: B409
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

1411.99

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

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

Mailing Address P.O. Box 78357

City City of Industry State CA Zip Code 01716-8357

Purpose of Disbursement
Phone

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B378
Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

91.74

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

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

Mailing Address P.O. Box 78357

City City of Industry State CA Zip Code 01716-8357

Purpose of Disbursement
Phone

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B435
Date of Disbursement

02 / 06 / 2004

Amount of Each Disbursement this Period

90.78

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

SUBTOTAL of Disbursements This Page (optional) ▶

1594.51

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

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

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

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(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. Staples Credit Plan

Mailing Address P.O. Box 9020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B399

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

203.19

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

Full Name (Last, First, Middle Initial)

B. Staples Credit Plan

Mailing Address P.O. Box 9020

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B433

Date of Disbursement

02 / 06 / 2004

Amount of Each Disbursement this Period

203.19

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

Full Name (Last, First, Middle Initial)

C. State Compensation Insurance Fund

Mailing Address P.O. Box 254700

City Sacramento State CA Zip Code 95865-9903

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B431

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

22.34

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

SUBTOTAL of Disbursements This Page (optional) ▶

428.72

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. State Compensation Insurance Fund

Mailing Address P.O. Box 254700

City Sacramento State CA Zip Code 95805-9903

Purpose of Disbursement
Insurance

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: B432
Date of Disbursement

02 / 03 / 2004

Amount of Each Disbursement this Period

22.34

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

Full Name (Last, First, Middle Initial)
B. Sutter's Mill Fundraising & Strategy

Mailing Address 499 S. Capitol Street, SW, Suite
103

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting & Expenses

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: B387
Date of Disbursement

01 / 15 / 2004

Amount of Each Disbursement this Period

3568.61

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

Full Name (Last, First, Middle Initial)
C. Sutter's Mill Fundraising & Strategy

Mailing Address 499 S. Capitol Street, SW, Suite
103

City Washington State DC Zip Code 20003

Purpose of Disbursement
Fundraising Consulting & Expenses

Candidate Name

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

State: District

003
Category/
Type

Transaction ID: B436
Date of Disbursement

02 / 06 / 2004

Amount of Each Disbursement this Period

3578.37

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

SUBTOTAL of Disbursements This Page (optional) ▶

7170.32

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

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

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

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(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 64799

City St. Paul State MN Zip Code 55164

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

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

Transaction ID: B383

Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

25.00

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

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address P.O. Box 64799

City St. Paul State MN Zip Code 55164

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

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

Transaction ID: B384

Date of Disbursement

01 / 05 / 2004

Amount of Each Disbursement this Period

29.10

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

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address P.O. Box 64799

City St. Paul State MN Zip Code 55164

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

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

Transaction ID: B442

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

25.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

79.10

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 64799

City St. Paul State MN Zip Code 55104

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: B444

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

29.10

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

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address P.O. Box 760429

City St. Louis State MO Zip Code 63170-0420

Purpose of Disbursement
Food & Beverages for Reception

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: B380

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

650.00

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

Full Name (Last, First, Middle Initial)

C. Manole on Capitol Hill

Mailing Address 107 D Street

City Washington State DC Zip Code 20002

Purpose of Disbursement
Food & Beverages for Reception

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: S52

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

650.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

679.10

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
Gifts for Constituents

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: B381

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

750.00

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

Full Name (Last, First, Middle Initial)

B. US House of Representatives

Mailing Address Independence Ave & Capitol St

City Washington State DC Zip Code 20003

Purpose of Disbursement
Gifts for Constituents

Candidate Name

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

State: District

001
Category/
Type

Transaction ID: B53

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

750.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address P.O. Box 780429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
Travel

Candidate Name

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

State: District

002
Category/
Type

Transaction ID: B382

Date of Disbursement

01 / 07 / 2004

Amount of Each Disbursement this Period

158.63

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

SUBTOTAL of Disbursements This Page (optional) ▶

908.63

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
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FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Bank Fee

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B445

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

12.66

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

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Food & Beverages for Reception

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B445

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

438.66

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

Full Name (Last, First, Middle Initial)

C. DeAngelo's Restaurant

Mailing Address 350 W. Main Street

City Merced State CA Zip Code 95340

Purpose of Disbursement
 Food & Beverages for Reception

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: S55

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

363.58

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

451.32

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Food & Beverages for Reception

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B449

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

89.72

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

Full Name (Last, First, Middle Initial)

B. DeAngelo's Restaurant

Mailing Address 350 W. Main Street

City Moreod State CA Zip Code 05340

Purpose of Disbursement
 Food & Beverages for Reception

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B57

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

33.74

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Beverages for Reception

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B450

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

228.80

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

SUBTOTAL of Disbursements This Page (optional) ▶

319.52

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
 A. Smart & Final

Mailing Address 801 9th Street

City Modesto State CA Zip Code 95354

Purpose of Disbursement
 Beverages for Reception

Candidate Name

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

001
 Category/
 Type

Transaction ID: S56
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

229.80

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
 B. U.S. Bank

Mailing Address P.O. Box 780428

City St. Louis State MO Zip Code 63178-0428

Purpose of Disbursement
 Office Supplies

Candidate Name

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

001
 Category/
 Type

Transaction ID: B451
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

42.73

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

Full Name (Last, First, Middle Initial)
 C. U.S. Bank

Mailing Address P.O. Box 780428

City St. Louis State MO Zip Code 63178-0428

Purpose of Disbursement
 Food & Beverages for Meeting

Candidate Name

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

001
 Category/
 Type

Transaction ID: B452
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

188.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

211.73

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Gift for Constituent

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B453

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

96.53

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

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Beverages for Reception

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B454

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

186.40

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

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Bank Fee

Candidate Name

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

State: District

001
 Category/
 Type

Transaction ID: B455

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

71.52

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

SUBTOTAL of Disbursements This Page (optional) ▶

354.45

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address P.O. Box 790429

City St. Louis State MO Zip Code 63179-0429

Purpose of Disbursement
 Travel

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: B456
 Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

15.00

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

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address P.O. Box 4001

City Inglewood State CA Zip Code 00313-4001

Purpose of Disbursement
 Phone

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: B434
 Date of Disbursement

02 / 06 / 2004

Amount of Each Disbursement this Period

72.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

87.09

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

25318.58

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 checked="" 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)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. Cardoza for Congress

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
 Transfer of Excess Funds

Candidate Name

Office Sought: House
 Senate
 President
 State: District

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: B37D
 Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

43129.07

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

SUBTOTAL of Disbursements This Page (optional) ▶

43129.07

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

43129.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Chris Bell US Congress Committee

Mailing Address 7670 Woodway, Suite 110

City Houston State TX Zip Code 77063

Purpose of Disbursement
Contribution

Candidate Name
Christopher Bell

Office Sought: House
Senate
President

State: TX District: 25

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B466
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. Chandler for Congress

Mailing Address 308 South Broadway

City Lexington State KY Zip Code 40508-2512

Purpose of Disbursement
Contribution

Candidate Name
Ben Chandler

Office Sought: House
Senate
President

State: KY District: 06

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B464
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. Martin Frost Campaign Committee

Mailing Address 400 South Zang, Suite 1414

City Dallas State TX Zip Code 75208

Purpose of Disbursement
Contribution

Candidate Name
Martin Frost

Office Sought: House
Senate
President

State: TX District: 24

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B465
Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)

A. Guardian Bear Program

Mailing Address 33 Bradshaw Road, Suite 220

City Sacramento State CA Zip Code 95827

Purpose of Disbursement
 Civic Donation

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General Other (specify) ▼

012
 Category/
 Type

Transaction ID: B374

Date of Disbursement

01 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Joe Lieberman for President

Mailing Address 1560 Wilson Blvd., Suite 1560

City Arlington State VA Zip Code 22209

Purpose of Disbursement
 Contribution

Candidate Name
 Joe Lieberman

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 X Primary General Other (specify) ▼

001
 Category/
 Type

Transaction ID: B467

Date of Disbursement

01 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Joe Lieberman for President

Mailing Address 1560 Wilson Blvd., Suite 1560

City Arlington State VA Zip Code 22209

Purpose of Disbursement
 Contribution

Candidate Name
 Joe Lieberman

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General Other (specify) ▼

001
 Category/
 Type

Transaction ID: B468

Date of Disbursement

01 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

Full Name (Last, First, Middle Initial)
A. Merced County Democratic Central Committee

Mailing Address P.O. Box 2659

City Merced State CA Zip Code 95344

Purpose of Disbursement
 Contribution to Non-Federal Committee

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

011
 Category/
 Type

Transaction ID: B415
 Date of Disbursement
 01 / 29 / 2004

Amount of Each Disbursement this Period
 250.00

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

Full Name (Last, First, Middle Initial)
B. Ciro Rodriguez for U.S. Congress Committee

Mailing Address P.O. Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
 Contribution

Candidate Name
 Ciro Rodriguez

Office Sought: House Senate President
 State: TX District 28

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: B469
 Date of Disbursement
 01 / 26 / 2004

Amount of Each Disbursement this Period
 1000.00

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

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	7250.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

(Use separate schedule(s) for each numbered line)	PAGE 31 / 33
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dennis Cardoza		Nature of Debt (Purpose): Gifts for constituents	
Mailing Address 5576 Zeiner Court			
City	State	ZIP Code	
Atwater	CA	95301	
Outstanding Balance Beginning This Period		Transaction ID: D24	
568.48			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	568.48	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gowans Printing Co.		Nature of Debt (Purpose): Printing	
Mailing Address 1310 H Street			
City	State	ZIP Code	
Modesto	CA	95354	
Outstanding Balance Beginning This Period		Transaction ID: D25	
3413.83			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3413.83	0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Harry's Affairs		Nature of Debt (Purpose): Fundraising Food and Beverages	
Mailing Address 2760A Sherwood Avenue			
City	State	ZIP Code	
Modesto	CA	95350	
Outstanding Balance Beginning This Period		Transaction ID: D26	
1322.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1322.00	0.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Dennis Cardoza

(Use separate schedule(s) for each numbered line)	PAGE 32 / 33
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sassafras Culinary Creation		Nature of Debt (Purpose): Fundraising Catering	
Mailing Address 804 Carmel Avenue			
City Modesto	State CA	ZIP Code 95354	
Outstanding Balance Beginning This Period 1411.99		Transaction ID: D27	
Amount Incurred This Period 0.00	Payment This Period 1411.99	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank		Nature of Debt (Purpose): Travel	
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179-0429	
Outstanding Balance Beginning This Period 158.63		Transaction ID: D6	
Amount Incurred This Period 0.00	Payment This Period 158.63	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bank		Nature of Debt (Purpose): Food & Beverages for Meeting	
Mailing Address P.O. Box 790429			
City St. Louis	State MO	ZIP Code 63179-0429	
Outstanding Balance Beginning This Period 650.00		Transaction ID: D7	
Amount Incurred This Period 0.00	Payment This Period 650.00	Outstanding Balance at Close of This Period 0.00	

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
 Friends of Dennis Cardoza

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

FOR LINE NUMBER:
 (check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 U.S. Bank

Nature of Debt (Purpose):
 Gifts for Constituents

Mailing Address P.O. Box 780428

City	State	ZIP Code
St. Louis	MO	63178-0428

Outstanding Balance Beginning This Period

Transaction ID: D10

750.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

750.00

0.00

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