

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 #400
 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 [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 07 01 2007 through 09 30 2007

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 04 25 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Barbara Lee for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	170866.47	433861.72
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	170866.47	433161.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	127836.46	324381.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	1437.82	3607.85
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126398.64	320773.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	139796.33	
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).....	2370.16	

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

Write or Type Committee Name
Barbara Lee for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	111340.00	0.00
(i) Itemized (use Schedule A).....	29319.00	0.00
(ii) Unitemized.....	140659.00	338547.75
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	30207.47	95313.97
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	170866.47	433861.72
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	1437.82	3607.85
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.06	0.52
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	172304.35	437470.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	127836.46	324381.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	700.00
(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	700.00
21. OTHER DISBURSEMENTS.....	52475.00	56346.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	180311.46	381427.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	147803.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	172304.35
25. SUBTOTAL (add Line 23 and Line 24).....	320107.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	180311.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	139796.33

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 144
(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)
Julie 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: Marin Community Foundation Occupation: Program Officer
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
Date of Receipt: 09 / 12 / 2007
Transaction ID: 11 ai-20789
Amount of Each Receipt this Period: 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
H Alalusi, PhD
Mailing Address 1945 Joseph Drive
City Moraga State CA Zip Code 94556-2712
FEC ID number of contributing federal political committee. **C**
Name of Employer: The Pressure Grout Company Occupation: President
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
Date of Receipt: 09 / 26 / 2007
Transaction ID: 11 ai-21194
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David Alexander
Mailing Address 6351 Thornhill Drive
City Oakland State CA Zip Code 94611
FEC ID number of contributing federal political committee. **C**
Name of Employer: Port of Oakland Occupation: Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
Date of Receipt: 08 / 08 / 2007
Transaction ID: 11 ai-20663
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2200.00
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 6 / 144
	<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

A.	Full Name (Last, First, Middle Initial) Russell Ashton		Date of Receipt
	Mailing Address 46 Lake Shore Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 10 / 2007
	City	State	Zip Code
	Wayland	MA	01778
	FEC ID number of contributing federal political committee. C		Transaction ID: 11 ai-20446
Name of Employer Grossman's		Occupation Manager	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Clarence Avant		Date of Receipt
	Mailing Address 1140 Maytor Pl.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2007
	City	State	Zip Code
	Beverly Hills	CA	90210
	FEC ID number of contributing federal political committee. C		Transaction ID: 11 ai-20726
Name of Employer Interior Music		Occupation Owner	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Judith Avery		Date of Receipt
	Mailing Address 2222 Hyde St # 7		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 12 / 2007
	City	State	Zip Code
	San Francisco	CA	94109
	FEC ID number of contributing federal political committee. C		Transaction ID: 11 ai-20787
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2000.00
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 144
	<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

A.	Full Name (Last, First, Middle Initial) Adrianna Babior	Date of Receipt MM / DD / YYYY 07 / 25 / 2007
	Mailing Address 1531 Purdue Avenue	Transaction ID: 11 ai-20559
	City State Zip Code Los Angeles CA 90025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Occupation Fundriaser Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Cedric Bainton, M.D.	Date of Receipt MM / DD / YYYY 07 / 09 / 2007
	Mailing Address 50 Ventura	Transaction ID: 11 ai-20415
	City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Cedric Bainton, M.D.	Date of Receipt MM / DD / YYYY 09 / 12 / 2007
	Mailing Address 50 Ventura	Transaction ID: 11 ai-20804
	City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 144
(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)
Bradley Barber

Mailing Address 102 Scenic Drive

City State Zip Code
Orinda CA 94563

FEC ID number of contributing federal political committee. C

Name of Employer Children's Hospital Oakland
Occupation Sr. Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2007

Transaction ID: 11 ai-20698

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Anthony A. Batarse, Jr.

Mailing Address 10550 E 14th St

City State Zip Code
Oakland CA 94603-3804

FEC ID number of contributing federal political committee. C

Name of Employer Lloyd A. Wise, Inc.
Occupation Businessman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2007

Transaction ID: 11 ai-20660

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Diana Bell

Mailing Address PO Box 27284

City State Zip Code
Oakland CA 94602-0484

FEC ID number of contributing federal political committee. C

Name of Employer Retired
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2007

Transaction ID: 11 ai-20781

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 2000.00

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 9 / 144

(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)
Omar Benjamin

Mailing Address 4080 Lakeshore Avenue

City State Zip Code
Oakland CA 94610

FEC ID number of contributing federal political committee. C

Name of Employer Port of Oakland Occupation Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 08 / 2007

Transaction ID: 11 ai-20654

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Edward Bergman

Mailing Address 166 Madison Ave 5th Floor

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. C

Name of Employer Africa Travel Association (ATA) Occupation Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2007

Transaction ID: 11 ai-20435

Amount of Each Receipt this Period 250.00

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

C.

Full Name (Last, First, Middle Initial)
Virginia Blackledge

Mailing Address 663 Coventry Rd.

City State Zip Code
Kensington CA 94707

FEC ID number of contributing federal political committee. C

Name of Employer Self employed Occupation Psychiatrist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 09 / 12 / 2007

Transaction ID: 11 ai-20988

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 1250.00

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 10 / 144
(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)
Stuart(Bad address) Block

Mailing Address N good:555 California St 10th Floo

City State Zip Code
San Francisco CA 94104-1513

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

Name of Employer Occupation
Cox, Castle & Nicholson, LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: 11 ai-20544

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Gertrude Bock

Mailing Address 964 Hamilton Ave.

City State Zip Code
Palo Alto CA 94310

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 12 / 2007

Transaction ID: 11 ai-20801

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Douglas Boxer

Mailing Address 854 Longridge Rd

City State Zip Code
Oakland CA 94610-2445

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

Name of Employer Occupation
Boxer & Associates, Inc. Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 11 ai-20647

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 144
(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)
Gregory Boyle

Mailing Address (NO GOOD)48 Cuenca Ct

City State Zip Code
San Ramon CA 94583

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

Name of Employer: Green Tree Finance Corp. Occupation: Senior Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 08 / 2007

Transaction ID: 11 ai-20644

Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ian Bremner

Mailing Address 59 Longridge Rd

City State Zip Code
Orinda CA 94563

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

Name of Employer: Children's Hospital & Research Ctr Occupation: Executive Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 25 / 2007

Transaction ID: 11 ai-21223

Amount of Each Receipt this Period: 250.00

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

C. Full Name (Last, First, Middle Initial)
Kevin Brown

Mailing Address 5353 College Avenue

City State Zip Code
Oakland CA 94618

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

Name of Employer: Better Homes Realty Occupation: Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 07 / 13 / 2007

Transaction ID: 11 ai-20518

Amount of Each Receipt this Period: 500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 144
(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)
Helen Bruner
Mailing Address 910 Colusa Ave # 5
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Clinical/Social Worker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 08 / 06 / 2007
Transaction ID: 11 ai-20599
Amount of Each Receipt this Period 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Helen Bruner
Mailing Address 910 Colusa Ave # 5
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Clinical/Social Worker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt 09 / 20 / 2007
Transaction ID: 11 ai-21099
Amount of Each Receipt this Period 200.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Guy Bryant
Mailing Address 4335 Sequoyah Rd
City Oakland State CA Zip Code 94605
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Lawyer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20643
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 900.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 144
(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)
Nicholas Cavarocchi

Mailing Address 817 G St NW

City Washington State DC Zip Code 20024

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

Name of Employer CRD Associates Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2007
Transaction ID: 11 ai-21108
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Madelyn Chaber

Mailing Address 2904 Lincoln Avenue

City Alameda State CA Zip Code 94501

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

Name of Employer Paul, Hanley & Harley LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2007
Transaction ID: 11 ai-21087
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Cheung

Mailing Address 643 Eliska Ct

City Walnut Creek State CA Zip Code 94598

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

Name of Employer One California Bank Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2007
Transaction ID: 11 ai-21101
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 144
(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)
Louise Clark

Mailing Address 6 Blackthorn Rd

City State Zip Code
Lafayette CA 94549

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: 11 ai-20770

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Elizabeth Colton

Mailing Address 1848 Pine Street

City State Zip Code
San Francisco CA 94109

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

Name of Employer Occupation
International Museum of Women President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2007

Transaction ID: 11 ai-21083

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Stephen Conafay

Mailing Address 8317 Persimmon Tree Rd

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
Shandwick International Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2007

Transaction ID: 11 ai-21186

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 144
(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)
Willie Cook

Mailing Address 833 Oxford St.

City State Zip Code
Berkeley CA 94707

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

Name of Employer Occupation
Huntington Rest., Inc. Businessman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 11 ai-20475

Amount of Each Receipt this Period
1000.00

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

B.

Full Name (Last, First, Middle Initial)
Paul Cooper

Mailing Address 3100 Hillegass Aveue

City State Zip Code
Berkeley CA 94705-2516

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

Name of Employer Occupation
Self employed Plumbing contractor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 11 ai-20505

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Peter Coye

Mailing Address 4343 Via Padova

City State Zip Code
Claremont CA 91711

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

Name of Employer Occupation
Coye Management Company Manufacturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2007

Transaction ID: 11 ai-20557

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **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 16 / 144
(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)
Arthur D'Harlingue
 Mailing Address 13786 Campus Drive
 City State Zip Code
 Oakland CA 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital Oakland
 Occupation Physician
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary Dean
 Mailing Address 13722 Campus Drive
 City State Zip Code
 Oakland CA 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Hospital Oakland
 Occupation Senior Vice President
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
M. Quinn Delaney
 Mailing Address 436 14th St # 1417
 City State Zip Code
 Oakland CA 94612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akonadi Foundation
 Occupation Grantmaker
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 Amount of Each Receipt this Period 4600.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3800.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 144
(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)
M. Quinn Delaney
Mailing Address 436 14th St # 1417
City Oakland State CA Zip Code 94612
FEC ID number of contributing federal political committee. **C**
Name of Employer Akonadi Foundation Occupation Grantmaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
4600.00
Date of Receipt 07 / 13 / 2007
Transaction ID: 11 ai-20496
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Aubrey Dent, M.D.
Mailing Address 2060 Sutter St # 405
City San Francisco State CA Zip Code 94115
FEC ID number of contributing federal political committee. **C**
Name of Employer Calif Dept Mental Health Occupation Psychiatrist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1550.00
Date of Receipt 09 / 25 / 2007
Transaction ID: 11 ai-21222
Amount of Each Receipt this Period 750.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Aubrey Dent, M.D.
Mailing Address 2060 Sutter St # 405
City San Francisco State CA Zip Code 94115
FEC ID number of contributing federal political committee. **C**
Name of Employer Calif Dept Mental Health Occupation Psychiatrist
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1550.00
Date of Receipt 07 / 13 / 2007
Transaction ID: 11 ai-20506
Amount of Each Receipt this Period 800.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3850.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 18 / 144
(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)
Dale Dirks
Mailing Address 507 Capitol Ct NE Ste 200
City Washington State DC Zip Code 20002
FEC ID number of contributing federal political committee. **C**
Name of Employer Health & Medicine Counsel of WA Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 28 / 2007
Transaction ID: 11 ai-21188
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dale Dirks
Mailing Address 507 Capitol Ct NE Ste 200
City Washington State DC Zip Code 20002
FEC ID number of contributing federal political committee. **C**
Name of Employer Health & Medicine Counsel of WA Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 07 / 2007
Transaction ID: 11 ai-20384
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Dockendorff
Mailing Address 260 Amber Dr.
City San Francisco State CA Zip Code 94131-1628
FEC ID number of contributing federal political committee. **C**
Name of Employer Vice President Occupation Pacific Maritime Assoc.
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 12 / 2007
Transaction ID: 11 ai-20784
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 19 / 144
(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)
Alan Dones
Mailing Address 565 Bellevue Ave Apt 907
City Oakland State CA Zip Code 94610
FEC ID number of contributing federal political committee. **C**
Name of Employer ADCO Occupation Managing Partner
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 2000.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20655
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Donovan
Mailing Address 247 Prague
City San Francisco State CA Zip Code 94112
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Lawyer
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 300.00
Date of Receipt 09 / 07 / 2007
Transaction ID: 11 ai-20727
Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin Dreyfuss
Mailing Address 131 Embarcadero W Apt 3114
City Oakland State CA Zip Code 94607-3767
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 250.00
Date of Receipt 09 / 24 / 2007
Transaction ID: 11 ai-21124
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00
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 20 / 144
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) Marta Drury		Date of Receipt
	Mailing Address PO Box 3070		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 19 / 2007
	City	State	Zip Code
	Half Moon Bay	CA	94019
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Investor	Transaction ID: 11 ai-21084
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 2200.00	<input type="text"/> 1700.00
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

B.	Full Name (Last, First, Middle Initial) Bettina Duval		Date of Receipt
	Mailing Address 220 23rd Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 25 / 2007
	City	State	Zip Code
	Santa Monica	CA	90402
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer California List		Occupation President/Founder	Transaction ID: 11 ai-20560
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

C.	Full Name (Last, First, Middle Initial) Jack Edelman		Date of Receipt
	Mailing Address 4631 Paradise Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2007
	City	State	Zip Code
	Tiburon	CA	94920
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Retired		Occupation Retired	Transaction ID: 11 ai-20769
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 250.00	<input type="text"/> 250.00
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2200.00
TOTAL 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 21 / 144
(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)
Elizabeth Ellwood
 Mailing Address 233 Medeford Leas
 City Medford State NJ Zip Code 08055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
 Date of Receipt 09 / 20 / 2007
Transaction ID: 11 ai-21086
 Amount of Each Receipt this Period 350.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Anita Estell
 Mailing Address 1651 N Portal Dr NW
 City Washington State DC Zip Code 20012-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polsinelli Shalton Flanigan et al Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20632
 Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anita Estell
 Mailing Address 1651 N Portal Dr NW
 City Washington State DC Zip Code 20012-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polsinelli Shalton Flanigan et al Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00
 Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20633
 Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4950.00
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 22 / 144
(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)
James Fabiani
Mailing Address 1101 Pennsylvania Ave NW # 700
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C**
Name of Employer Fabiani & Company Occupation Government Relations
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
2000.00
Date of Receipt 08 / 25 / 2007
Transaction ID: 11 ai-21185
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Falaschi
Mailing Address 70 Washington St # 207
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Real Estate
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
2000.00
Date of Receipt 08 / 28 / 2007
Transaction ID: 11 ai-21230
Amount of Each Receipt this Period 1000.00
In-Kind: In-Kind/Restaurant Cost
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Falaschi
Mailing Address 70 Washington St # 207
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Real Estate
Receipt For: 2008 Election Cycle-to-Date
 Primary General Other (specify) ▼
2000.00
Date of Receipt 08 / 28 / 2007
Transaction ID: 11 ai-20704
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4000.00
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 23 / 144
(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)
Simona Farris

Mailing Address 1508 Grand View Drive

City State Zip Code
Berkeley CA 94705

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

Name of Employer Kazan, McClain, Abrams Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2007

Transaction ID: 11 ai-20439

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Theodosia Ferguson

Mailing Address 1642 Milvia St # 4

City State Zip Code
Berkeley CA 94709

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

Name of Employer Sustainable Ventures Occupation Educator, Facilitator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2007

Transaction ID: 11 ai-20782

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Theodosia Ferguson

Mailing Address 1642 Milvia St # 4

City State Zip Code
Berkeley CA 94709

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

Name of Employer Sustainable Ventures Occupation Educator, Facilitator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2007

Transaction ID: 11 ai-20631

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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 24 / 144
(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)
Ed Fitzpatrick
Mailing Address 4320 McHenry
City Modesto State CA Zip Code 95356
FEC ID number of contributing federal political committee. **C**
Name of Employer Valley Lexus Occupation Car Dealer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 08 / 15 / 2007
Transaction ID: 11 ai-20672
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fionnula Flanagan
Mailing Address 13428 Java Drive
City Beverly Hills State CA Zip Code 90210
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 25 / 2007
Transaction ID: 11 ai-20554
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Foster
Mailing Address 1165 Glen Rd
City Lafayette State CA Zip Code 94549
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Business Executive
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20657
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4850.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 144
(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)
Sabrina Foster

Mailing Address 1165 Glen Rd

City State Zip Code
Lafayette CA 94549-3039

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

Name of Employer Real Estate Occupation Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 11 ai-20662

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Pamela Friedman

Mailing Address 23 Glorietta Ct

City State Zip Code
Orinda CA 94563

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

Name of Employer Children's Hospital Oakland Occupation Sr. Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	7

Transaction ID: 11 ai-20700

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Edward Gabriel

Mailing Address 1101 Vermont Ave NW Ste 411

City State Zip Code
Washington DC 20005

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

Name of Employer The Gabriel Company LLC Occupation President & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: 11 ai-21107

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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 26 / 144
(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)
Bronya Galef

Mailing Address 242 Copa De Oro Rd

City State Zip Code
Los Angeles CA 90077

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

Name of Employer Self Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 7

Transaction ID: 11 ai-20443

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Andres Garcia

Mailing Address 530 Water St 5th Floor

City State Zip Code
Oakland CA 94607

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

Name of Employer GSC Logistics, Inc. Occupation Executive VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 7

Transaction ID: 11 ai-20637

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Amy Gaver

Mailing Address 270 Moncada Way

City State Zip Code
San Francisco CA 94127

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

Name of Employer American Red Cross Bay Area Occupation Disaster manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 9 / 2 0 0 7

Transaction ID: 11 ai-20572

Amount of Each Receipt this Period
2000.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 144
(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)
James C. Ghielmetti

Mailing Address 4670 Willow Rd Ste 200

City Pleasanton State CA Zip Code 94588

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

Name of Employer Signature Properties Occupation Chief Executive Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2007

Transaction ID: 11 ai-20682

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Michael Ghielmetti

Mailing Address 4670 Willow Rd # 200

City Pleasanton State CA Zip Code 94588

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

Name of Employer Signature Properties Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2007

Transaction ID: 11 ai-20681

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Paul Goldenberg

Mailing Address 1963 Tumin Rd

City La Habra State CA Zip Code 90631

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

Name of Employer Paul's T.V. Occupation Businessman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2007

Transaction ID: 11 ai-20582

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 144
(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)
Amy R. Goldson
Mailing Address 4015 - 28th PI NW
City Washington State DC Zip Code 20008
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 07 / 05 / 2007
Transaction ID: 11 ai-20406
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gilda Gonzales
Mailing Address 5 Clarewood Ln
City Oakland State CA Zip Code 94618-2242
FEC ID number of contributing federal political committee. **C**
Name of Employer The Unity Council Occupation CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1200.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20658
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank Greene, Jr.
Mailing Address 967 La Mesa Ter Apt F
City Sunnyvale State CA Zip Code 94086
FEC ID number of contributing federal political committee. **C**
Name of Employer New Vista Capital Occupation Venture Capital
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 20 / 2007
Transaction ID: 11 ai-21219
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 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 29 / 144
(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)
Claire Greensfelder

Mailing Address 2267 Summer St

City State Zip Code
Berkeley CA 94709

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

Name of Employer Occupation
Self employed Non-profit Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 11 ai-20468

Amount of Each Receipt this Period
250.00

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

285.00

B.

Full Name (Last, First, Middle Initial)
Abel Guillen

Mailing Address 4811 Telegraph Ave # 202

City State Zip Code
Oakland CA 94609-2077

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

Name of Employer Occupation
Caldwell, Flores, Winters, Inc. V.P.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 11 ai-20638

Amount of Each Receipt this Period
250.00

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

250.00

C.

Full Name (Last, First, Middle Initial)
John Lee Guillory

Mailing Address 6352 Ridgemont Drive

City State Zip Code
Oakland CA 94619-3729

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

Name of Employer Occupation
Guilltone Properties President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
07 / 25 / 2007

Transaction ID: 11 ai-20556

Amount of Each Receipt this Period
500.00

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

500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 144
(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)
Katherine Gyorfi

Mailing Address 1730 Manzanita Drive

City State Zip Code
Oakland CA 94611

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

Name of Employer Self Occupation
Illustrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 12 / 2007

Transaction ID: 11 ai-20799

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
Steven Hanson

Mailing Address 13 Anne Ct

City State Zip Code
Walnut Creek CA 94598-4202

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

Name of Employer Universal Paragon Corporation Occupation
General Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 08 / 2007

Transaction ID: 11 ai-20652

Amount of Each Receipt this Period

500.00

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

C.

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

Mailing Address 2809 Sea View Parkway

City State Zip Code
Alameda CA 94502

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

Name of Employer Self Occupation
Manufacturer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 11 ai-21197

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional) ▶

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 31 / 144
(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)
Robert Harris

Mailing Address 4082 Sequoyah Rd

City State Zip Code
Oakland CA 94605

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: 11 ai-21203

Amount of Each Receipt this Period
765.00

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

B. Full Name (Last, First, Middle Initial)
Tamara Hicks

Mailing Address 1243 19th Street

City State Zip Code
San Francisco CA 94107

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

Name of Employer Potrero Hill Psychotherapy Occupation Psychologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	7

Transaction ID: 11 ai-21225

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Lynn Hogan

Mailing Address 28 Las Vegas Rd

City State Zip Code
Orinda CA 94563

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

Name of Employer UW Medicine Occupation Associate V.P.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	7

Transaction ID: 11 ai-21180

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1515.00**

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 32 / 144
(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)
Ken Houston

Mailing Address 11070 San Leandro Street

City State Zip Code
Oakland CA 94603

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

Name of Employer Occupation
Turner Group Construction Developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 11 ai-20645

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Harold Jones

Mailing Address 530 Water Street

City State Zip Code
Oakland CA 94607

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

Name of Employer Occupation
Port of Oakland Director of Communications

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 11 ai-20661

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Karen Jones-Mason

Mailing Address 2304 Vallejo Street

City State Zip Code
San Francisco CA 94128

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

Name of Employer Occupation
Self employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 18 / 2007

Transaction ID: 11 ai-21082

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 33 / 144
(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)
Wayne Jordan

Mailing Address 436 14th St # 1417

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation
Jordan Real Estate Investments R.E. Developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 11 ai-20495

Amount of Each Receipt this Period
2300.00

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

B.

Full Name (Last, First, Middle Initial)
Wayne Jordan

Mailing Address 436 14th St # 1417

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation
Jordan Real Estate Investments R.E. Developer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 11 ai-20494

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
James Keefe

Mailing Address PO Box 648

City State Zip Code
Orinda CA 94563-0583

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

Name of Employer Occupation
BCC Corporation Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2007

Transaction ID: 11 ai-21090

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 144
(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)
Donald Kincey

Mailing Address 995 E Alta Pine Drive

City State Zip Code
Altadena CA 91001

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

Name of Employer Commercial Bank Occupation Banker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 11 ai-20581

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Isaac Kos-Read

Mailing Address 347 Wayne Avenue

City State Zip Code
Oakland CA 94605-1124

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

Name of Employer Townsend Public Affairs Occupation Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	0	7

Transaction ID: 11 ai-21169

Amount of Each Receipt this Period
800.00

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

C. Full Name (Last, First, Middle Initial)
Janet (Hannah) Kranzberg

Mailing Address 2464 Prince Street

City State Zip Code
Berkeley CA 94705

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: 11 ai-21193

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 144
(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)
Stephen Krug, DMD
Mailing Address 1148 Arroyo Rd # 10
City Livermore State CA Zip Code 94550
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 7
Transaction ID: 11 ai-21213
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joyce Lashof, M.D.
Mailing Address 601 Euclid Avenue
City Berkeley State CA Zip Code 94708
FEC ID number of contributing federal political committee. **C**
Name of Employer U.C. Berkeley Occupation Professor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7
Transaction ID: 11 ai-21062
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alexander Lawrence
Mailing Address 524 8th St Rm 207
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Disabled Veteran
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
850.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7
Transaction ID: 11 ai-20543
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 144
(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)
Alexander Lawrence
Mailing Address 524 8th St Rm 207
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Disabled Veteran
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
850.00
Date of Receipt 09 / 12 / 2007
Transaction ID: 11 ai-20987
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Alexander Lawrence
Mailing Address 524 8th St Rm 207
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Disabled Veteran
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
850.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20639
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bruce Lawrence, MD
Mailing Address 445 30th Street
City Oakland State CA Zip Code 94609
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
250.00
Date of Receipt 08 / 07 / 2007
Transaction ID: 11 ai-20570
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 144
(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)
Alan Leavitt
Mailing Address 3953 Linden Avenue
City Berkeley State CA Zip Code 94705
FEC ID number of contributing federal political committee. **C**
Name of Employer Northgate Environmental Management Occupation Engineer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Zenobia Lewis
Mailing Address 1701 Van Cortland Street
City Schenectady State NY Zip Code 12303-1507
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 120.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mark Lindquist
Mailing Address 5765 Balmoral Dr.
City Oakland State CA Zip Code 94619
FEC ID number of contributing federal political committee. **C**
Name of Employer M.A. Lindquist Construction Co. Inc Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 2100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1370.00**
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 38 / 144
(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)
Bertram Lubin, M.D.
Mailing Address 117 Parkside Drive

City State Zip Code
Berkeley CA 94705

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

Name of Employer Occupation
Childrens Hospital Oakland Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 11 ai-20707

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Henry Lucas, DDS
Mailing Address 5019 Diamond Heights Blvd

City State Zip Code
San Francisco CA 94131

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

Name of Employer Occupation
Henry Lucas, DDS Dentist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: 11 ai-20555

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Susan (BAD ADDRESS) Maher
Mailing Address NO GOOD:1300 Dolores Street

City State Zip Code
San Francisco CA 94114

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

Name of Employer Occupation
Self CPA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: 11 ai-21228

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 144
(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)
Ara Makasdjian

Mailing Address PO Box 460526

City State Zip Code
San Francisco CA 94146-0526

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

Name of Employer Self Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 7

Transaction ID: 11 ai-21224

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Vipul Mankad

Mailing Address 5859 Buena Vista Avenue

City State Zip Code
Oakland CA 94618

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

Name of Employer Children's Hospital Oakland Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 7

Transaction ID: 11 ai-20699

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Mark McClure

Mailing Address PO Box 24361

City State Zip Code
Oakland CA 94623

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

Name of Employer Ragen Mackenzie Group Occupation Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 7

Transaction ID: 11 ai-20648

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 40 / 144

(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)
Tom McCoy

Mailing Address 1155 3rd St # 230

City State Zip Code
Oakland CA 94607

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BBI Construction Principal

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2007

Transaction ID: 11 ai-20673

Amount of Each Receipt this Period
750.00

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

B.

Full Name (Last, First, Middle Initial)
Pamela Merchant

Mailing Address 174 Henry Street

City State Zip Code
San Francisco CA 94114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Center for Justice & Accountability Executive Director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2007

Transaction ID: 11 ai-20728

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Anthony Moffett

Mailing Address 3017 Arizona Ave NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Livingston Moffett International Director

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 2007

Transaction ID: 11 ai-20395

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 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 41 / 144
(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)
Anthony Moffett

Mailing Address 3017 Arizona Ave NW

City Washington State DC Zip Code 20016

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

Name of Employer Livingston Moffett International Occupation Director

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 11ai-21111

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

Amount of Each Receipt this Period: 1750.00

B. Full Name (Last, First, Middle Initial)
Walter Morris,, MD

Mailing Address 2115 Pinehurst Ct

City El Cerrito State CA Zip Code 94530

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: 11ai-20480

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

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
M Muscarolas

Mailing Address 61 La Espiral

City Orinda State CA Zip Code 94563

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

Name of Employer AT&T Occupation Manager

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: 11ai-20706

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

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 144
(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)
Douglas Myers

Mailing Address 6401 Christie Ave # 2307

City State Zip Code
Emeryville CA 94608

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

Name of Employer Children's Hospital Oakland
Occupation CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	7

Transaction ID: 11 ai-21089

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4082 Sequoyah Rd.

City State Zip Code
Oakland CA 94605

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

Name of Employer Planned Parenthood
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	7

Transaction ID: 11 ai-21202

Amount of Each Receipt this Period
1235.00

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

C. Full Name (Last, First, Middle Initial)
Helen Nicholas

Mailing Address 2780 Carisbrook Drive

City State Zip Code
Oakland CA 94611

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

Name of Employer Alain Pinel Realtors
Occupation Real Estate Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	7

Transaction ID: 11 ai-20664

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2035.00**

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 43 / 144
(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)
Lindsay Nivens-Frosini

Mailing Address 5124 Masonic Avenue

City State Zip Code
Oakland CA 94618

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: 11 ai-20478

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

B. Full Name (Last, First, Middle Initial)
Jane Nunez

Mailing Address 7985 Santa Monica Blvd 109-29

City State Zip Code
West Hollywood CA 90046

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

Name of Employer AICP Occupation Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: 11 ai-20553

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

C. Full Name (Last, First, Middle Initial)
Jose Luis Orozco

Mailing Address 723 Haverford Avenue

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer Self Occupation Musician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: 11 ai-20558

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 44 / 144
(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)
Edward Penhoet

Mailing Address PO Box 29623

City San Francisco State CA Zip Code 94129-0623

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

Name of Employer: Gordon & Betty Moore Foundation
Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt: 09 / 12 / 2007
Transaction ID: 11 ai-20786
Amount of Each Receipt this Period: 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Edward Penhoet

Mailing Address PO Box 29623

City San Francisco State CA Zip Code 94129-0623

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

Name of Employer: Gordon & Betty Moore Foundation
Occupation: President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt: 07 / 09 / 2007
Transaction ID: 11 ai-20425
Amount of Each Receipt this Period: 100.00

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

C.

Full Name (Last, First, Middle Initial)
Steven Phillips

Mailing Address 553 Arkansas Street

City San Francisco State CA Zip Code 94107-2828

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

Name of Employer: Self
Occupation: Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 09 / 25 / 2007
Transaction ID: 11 ai-21226
Amount of Each Receipt this Period: 2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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 45 / 144
(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)
Michael Polanchyck
Mailing Address 633 Stevens Ct
City Danville State CA Zip Code 94506-4805
FEC ID number of contributing federal political committee. **C**
Name of Employer ISEC, Inc. Occupation Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 05 / 2007
Transaction ID: 11 ai-21178
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Potter
Mailing Address 21 Drury Ct
City Berkeley State CA Zip Code 94705-1814
FEC ID number of contributing federal political committee. **C**
Name of Employer Del Monte Foods Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 27 / 2007
Transaction ID: 11 ai-21195
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jennifer Poulakidas
Mailing Address 1520 16th St NW 602
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C**
Name of Employer Nat'l Assoc of State Universities Occupation Vice President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 09 / 24 / 2007
Transaction ID: 11 ai-21199
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 46 / 144
(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)
Cecil P. Reeves

Mailing Address 1316 Carleton Street

City State Zip Code
Berkeley CA 94702

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

Name of Employer Occupation
Reeves Properties Realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 12 / 2007

Transaction ID: 11 ai-20798

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Georgia Richardson

Mailing Address 6026 Ridgmont Drive

City State Zip Code
Oakland CA 94619-3720

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

Name of Employer Occupation
Richardson Real Estate Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 11 ai-20476

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Walter Riley

Mailing Address 6146 Ocean View Drive.

City State Zip Code
Oakland CA 94618

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

Name of Employer Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 13 / 2007

Transaction ID: 11 ai-20474

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 144
(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)
Richard Robbins
Mailing Address 1120 Nye St Ste 400

City State Zip Code
San Rafael CA 94901

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

Name of Employer Self Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 11 ai-20709

Amount of Each Receipt this Period
2300.00

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

4600.00

B. Full Name (Last, First, Middle Initial)
Richard Robbins
Mailing Address 1120 Nye St Ste 400

City State Zip Code
San Rafael CA 94901

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

Name of Employer Self Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 11 ai-20708

Amount of Each Receipt this Period
2300.00

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

4600.00

C. Full Name (Last, First, Middle Initial)
Ronald Rosequist
Mailing Address 947 Hillcroft Circle

City State Zip Code
Oakland CA 94610

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

Name of Employer Reed, Smith LLP Occupation
Reed, Smith LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 7

Transaction ID: 11 ai-20703

Amount of Each Receipt this Period
1000.00

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

1000.00

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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 48 / 144
(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)
Alana Ross

Mailing Address 76 Estabrook St.

City State Zip Code
San Leandro CA 94577

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

Name of Employer Occupation
ARC Events Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
250.00

Transaction ID: 11 ai-20545

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

B. Full Name (Last, First, Middle Initial)
Cynthia Roy

Mailing Address 26 Jerome Avenue

City State Zip Code
Piedmont CA 94611

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

Name of Employer Occupation
N/A Housewife

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
1000.00

Transaction ID: 11 ai-21092

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

C. Full Name (Last, First, Middle Initial)
Daryl Ryor

Mailing Address 169 Oakland Rd

City State Zip Code
Walnut Creek CA 94597

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

Name of Employer Occupation
Guarantee Glass Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
1000.00

Transaction ID: 11 ai-21179

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

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 49 / 144
(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)
Henry Sanders

Mailing Address PO Box 1305

City State Zip Code
Selma AL 36702

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

Name of Employer Occupation
Chestnut, Sanders, Sanders Attorney
Law Firm

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2007

Transaction ID: 11 ai-20757

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Susan Sandler

Mailing Address 553 Arkansas Street

City State Zip Code
San Francisco CA 94107

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

Name of Employer Occupation
Justice Matters President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2007

Transaction ID: 11 ai-21227

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Shonda Scott

Mailing Address 4925 Scotia Avenue

City State Zip Code
Oakland CA 94608

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

Name of Employer Occupation
Total Concept Consultant/principal

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 11 ai-21192

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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 50 / 144
(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)
Leonard Simon

Mailing Address 5308 Wilson Ln

City State Zip Code
Bethesda MD 20814-1322

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

Name of Employer Occupation
Simon & Company Intergovernmental Relations

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2007

Transaction ID: 11 ai-21106

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Phyllis Simons

Mailing Address 22161 N 6th St

City State Zip Code
Castro Valley CA 94546

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

Name of Employer Occupation
Oracle Technical Writer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2007

Transaction ID: 11 ai-21175

Amount of Each Receipt this Period

35.00

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

C.

Full Name (Last, First, Middle Initial)
Rosalind Singer

Mailing Address 4321 Francis Ave N

City State Zip Code
Seattle WA 98103

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2007

Transaction ID: 11 ai-20802

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional) ▶

535.00

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 51 / 144
(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)
Deborah Skidmore
Mailing Address 202 Edgewood Avenue
City San Francisco State CA Zip Code 94117
FEC ID number of contributing federal political committee. **C**
Name of Employer California Cancer Care Occupation Acupressure Therapist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 09 / 20 / 2007
Transaction ID: 11 ai-21100
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Harold Smith, III
Mailing Address 5223 Proctor Avenue
City Oakland State CA Zip Code 94618
FEC ID number of contributing federal political committee. **C**
Name of Employer Dhillon & Smith Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20646
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul Alan Smith
Mailing Address 9255 Doheny Rd 1602
City West Hollywood State CA Zip Code 90069
FEC ID number of contributing federal political committee. **C**
Name of Employer ICM Occupation Talent Agent
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 07 / 13 / 2007
Transaction ID: 11 ai-20440
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 144
(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)
Jon Sylvester

Mailing Address 536 Mission St.

City State Zip Code
San Francisco CA 94105-2968

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

Name of Employer Golden State University Occupation Law Professor & Arbitrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2007

Transaction ID: 11 ai-21196

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
Jon Sylvester

Mailing Address 536 Mission St.

City State Zip Code
San Francisco CA 94105-2968

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

Name of Employer Golden State University Occupation Law Professor & Arbitrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2007

Transaction ID: 11 ai-21123

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
Blair Taylor

Mailing Address 8121 Manchester Ave # 603

City State Zip Code
Playa Del Rey CA 90293

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

Name of Employer Los Angeles Urban League Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2007

Transaction ID: 11 ai-20562

Amount of Each Receipt this Period
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 53 / 144
(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)
Joy Taylor
Mailing Address 3512 CJ Barney Dr NE 101
City Washington State DC Zip Code 20018
FEC ID number of contributing federal political committee. **C**
Name of Employer DC Coaches Association Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 09 / 19 / 2007
Transaction ID: 11 ai-21105
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joyce Taylor
Mailing Address 6237 Viewcrest Drive
City Oakland State CA Zip Code 94619
FEC ID number of contributing federal political committee. **C**
Name of Employer AT&T Occupation External Affairs
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 09 / 20 / 2007
Transaction ID: 11 ai-21088
Amount of Each Receipt this Period 350.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jennifer Thompson
Mailing Address 4225 62nd Street
City Sacramento State CA Zip Code 95820-4237
FEC ID number of contributing federal political committee. **C**
Name of Employer Townsend Public Affairs, Inc. Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 08 / 07 / 2007
Transaction ID: 11 ai-20571
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 144
(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)
Frank Tiedemann
Mailing Address 7026 Norfolk Rd
City Berkeley State CA Zip Code 94705
FEC ID number of contributing federal political committee. **C**
Name of Employer Children's Oakland Occupation Hospital Administrator
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 08 / 20 / 2007
Transaction ID: 11 ai-20685
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary-Jane Wagle
Mailing Address 10794 Weyburn Avenue
City Los Angeles State CA Zip Code 90024-3119
FEC ID number of contributing federal political committee. **C**
Name of Employer Planned Parenthood L.A. Occupation Executive/Health Care
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 09 / 25 / 2007
Transaction ID: 11 ai-21184
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jay Wallace
Mailing Address 54 Shell Rd
City Mill Valley State CA Zip Code 94941
FEC ID number of contributing federal political committee. **C**
Name of Employer Kenwood Investments Occupation Businessperson
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20649
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 144
(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)
Martin White

Mailing Address 8051 Coach Drive

City State Zip Code
Oakland CA 94605

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

Name of Employer Prime Financial Group Occupation Real Estate Broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

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

B. Full Name (Last, First, Middle Initial)
Sharon Williams

Mailing Address 810 Mandana Blvd.

City State Zip Code
Oakland CA 94610

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

Name of Employer Childrens Hospital Oakland Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Warren Wilson

Mailing Address 653 - 11th St.

City State Zip Code
Oakland CA 94607

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

Name of Employer Victorian Legal Center Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 4000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 56 / 144
(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 Wilson
 Mailing Address 653 - 11th St.
 City State Zip Code
Oakland CA 94607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Victorian Legal Center Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 7
Transaction ID: 11 ai-20492
 Amount of Each Receipt this Period
 1700.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kris Worthington
 Mailing Address 2808 Hillegass Ave # 1
 City State Zip Code
Berkeley CA 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
City of Berkeley Council member
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1620.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 7
Transaction ID: 11 ai-20619
 Amount of Each Receipt this Period
 35.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kris Worthington
 Mailing Address 2808 Hillegass Ave # 1
 City State Zip Code
Berkeley CA 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
City of Berkeley Council member
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1620.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 7
Transaction ID: 11 ai-20464
 Amount of Each Receipt this Period
 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1985.00
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 57 / 144
(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)
Susan (Delete) ZZZWallis
Mailing Address 414 Kearney St # 5
City El Cerrito State CA Zip Code 94530
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 20 / 2007
Transaction ID: 11 ai-20687
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Startkweather Bondy Architecture LLC
Mailing Address 110 Linden Street
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-22877-P
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
See attribution below.

C. Full Name (Last, First, Middle Initial)
Fred Starkweather
Mailing Address 110 Linden Street
City Oakland State CA Zip Code 94607
FEC ID number of contributing federal political committee. **C**
Name of Employer Starkweather Bondy Architecture LLP Occupation Architect
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 08 / 08 / 2007
Transaction ID: 11 ai-20692-PA
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership Attribution

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 58 / 144
(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)
Katzoff & Riggs

Mailing Address 1500 Park Ave Ste 300

City State Zip Code
Emeryville CA 94608-3522

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 7

Transaction ID: 11 ai-22884-P

Amount of Each Receipt this Period
500.00

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

See attribution below.

B. Full Name (Last, First, Middle Initial)
Kenneth Katzoff

Mailing Address 373 Gravatt Drive

City State Zip Code
Berkeley CA 94705

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

Name of Employer Occupation
Katzoff & Riggs Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 7

Transaction ID: 11 ai-20693-PA

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]
Partnership Attribution

C. Full Name (Last, First, Middle Initial)
Robert Riggs

Mailing Address 1500 Park Ave Ste 300

City State Zip Code
Emeryville CA 94608-3522

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

Name of Employer Occupation
Katzoff & Riggs Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 7

Transaction ID: 11 ai-20694-PA

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]
Partnership Attribution

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 144
(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)
Chan for State Senate
Mailing Address 5436 Locksley Avenue
City Oakland State CA Zip Code 94618
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 800.00
Date of Receipt: 08 / 08 / 2007
Transaction ID: 11c-20607
Amount of Each Receipt this Period: 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE
Mailing Address 1625 L St NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00011114
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3500.00
Date of Receipt: 09 / 25 / 2007
Transaction ID: 11c-21190
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Association for Justice PAC (AAJPAC)
Mailing Address 1050 31st St NW
City Washington State DC Zip Code 20007
FEC ID number of contributing federal political committee. **C** C00024521
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00
Date of Receipt: 09 / 21 / 2007
Transaction ID: 11c-21110
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**
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 61 / 144

(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)
American Association for Justice PAC (AAJPAC)

Mailing Address 1050 31st St NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 08 / 2007

Transaction ID: 11c-20635

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
BLACK WOMEN ORGANIZED FOR POLITICAL ACTION (BWOPA)

Mailing Address 920 Peralta Ste 2A

City State Zip Code
Oakland CA 94607

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2007

Transaction ID: 11c-20441

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)
BNSF RAILPAC

Mailing Address PO Box 961039

City State Zip Code
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 11c-21104

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

2150.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 144
(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)
BUILD PAC - National Association of Home Builders
Mailing Address 1201 15th St NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00000901
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt: 07 / 25 / 2007
Transaction ID: 11c-20552
Amount of Each Receipt this Period: 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
California Association of Mortgage Brokers PAC
Mailing Address 950 Glenn Drive, Suite 150
City Folsom State CA Zip Code 95630
FEC ID number of contributing federal political committee. **C** C00322560
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 08 / 08 / 2007
Transaction ID: 11c-20669
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
California Grape & Tree Fruit League PAC
Mailing Address N GOOD:1540 E Shaw Ste 120
City Fresno State CA Zip Code 93710
FEC ID number of contributing federal political committee. **C** C00121582
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt: 09 / 25 / 2007
Transaction ID: 11c-21168
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
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 63 / 144
(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)
Credit Union Legislative Action Council
 Mailing Address 601 Pennsylvania Ave NW S Bldg#60
 City Washington State DC Zip Code 20004-2601
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt MM / DD / YYYY 08 / 08 / 2007
Transaction ID: 11c-20630
 Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Democratic Congressional Camp. Committee
 Mailing Address 430 S Capitol St
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00000935
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 88.97
 Date of Receipt MM / DD / YYYY 07 / 05 / 2007
Transaction ID: 11c-20429
 Amount of Each Receipt this Period 25.71
 In-Kind: Fundraising services
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Democratic Congressional Camp. Committee
 Mailing Address 430 S Capitol St
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00000935
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 88.97
 Date of Receipt MM / DD / YYYY 08 / 08 / 2007
Transaction ID: 11c-20592
 Amount of Each Receipt this Period 6.76
 In-Kind: Fundraising Services
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1032.47
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 64 / 144

(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)
Drive Political Fund

Mailing Address 25 Louisiana Ave NW

City State Zip Code
Washington DC 20001-2198

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2007

Transaction ID: 11c-20442

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Drive Political Fund

Mailing Address 25 Louisiana Ave NW

City State Zip Code
Washington DC 20001-2198

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2007

Transaction ID: 11c-21229

Amount of Each Receipt this Period

1000.00

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

C.

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

Mailing Address 1331 Pennsylvania Ave NW Ste 1300

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00111658

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 11c-21187

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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 65 / 144
(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)
Holland & Knight Committee for Effective Government
Mailing Address 2099 Pennsylvania Ave NW Ste 100
City Washington State DC Zip Code 20006-6801
FEC ID number of contributing federal political committee. **C** C00171330
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 09 / 21 / 2007
Transaction ID: 11c-21112
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters
Mailing Address 1750 New York Ave NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00029447
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 09 / 21 / 2007
Transaction ID: 11c-21103
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
International Union of Operating Engineers (EPEC)
Mailing Address 1125 Seventeenth St Northwest
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00029504
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 09 / 13 / 2007
Transaction ID: 11c-20780
Amount of Each Receipt this Period 2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00
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 66 / 144

(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)
Maersk Inc. Good Government Fund

Mailing Address 1530 Wilson Blvd Ste 650

City State Zip Code
Arlington VA 22209-2419

FEC ID number of contributing federal political committee. **C** C00217471

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 11c-21170

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Matson Federal Election Committee

Mailing Address 555 12th Street

City State Zip Code
Oakland CA 94607

FEC ID number of contributing federal political committee. **C** C00024752

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: 11c-20642

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
NAPUS PAC for Postmasters

Mailing Address 8 Herbert Street

City State Zip Code
Alexandria VA 22305-2600

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: 11c-20686

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional) ▶

1800.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 144
(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)
National Air Traffic Controllers Association PAC
Mailing Address 1325 Massachusetts Ave NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00238725
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 09 / 21 / 2007
Transaction ID: 11c-21109
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PAC for a Change
Mailing Address 777 S Figueroa St Ste 4060
City Los Angeles State CA Zip Code 90017
FEC ID number of contributing federal political committee. **C** C00342048
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt: 08 / 10 / 2007
Transaction ID: 11c-20680
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
PG&E Corporation Energy PAC
Mailing Address 77 Beale Street
City San Francisco State CA Zip Code 94177
FEC ID number of contributing federal political committee. **C** C00177469
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 09 / 27 / 2007
Transaction ID: 11c-21198
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 144

(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

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) Raytheon Political Action Committee		Date of Receipt
	Mailing Address 1100 Wilson Blvd Ste 1500		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Arlington	VA	22209-2297
FEC ID number of contributing federal political committee.		<input type="text" value="C00097568"/>	Transaction ID: 11c-20634
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Realtors Political Action Committee		Date of Receipt
	Mailing Address 430 N Michigan Ave		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Chicago	IL	60611
FEC ID number of contributing federal political committee.		<input type="text" value="C00030718"/>	Transaction ID: 11c-20528
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) SSA Marine Inc Good Government Fund		Date of Receipt
	Mailing Address 1131 SW Klinckitay Way		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Seattle	WA	98134
FEC ID number of contributing federal political committee.		<input type="text" value="C00397893"/>	Transaction ID: 11c-20679
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL 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 69 / 144

(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)
Safeway Inc. Political Action Committee-SafePAC

Mailing Address 5918 Stoneridge Mall Rd

City State Zip Code
Pleasanton CA 94588-3229

FEC ID number of contributing federal political committee. **C** C00194084

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2007

Transaction ID: 11c-21204

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
Sailors Union of the Pacific Sailors Political Fund

Mailing Address 450 Harrison Street

City State Zip Code
San Francisco CA 94105

FEC ID number of contributing federal political committee. **C** C00011338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2007

Transaction ID: 11c-20688

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
Transport Workers Union Political Contributions Committee

Mailing Address 1700 Broadway 2nd Floor

City State Zip Code
New York NY 10019-5905

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2007

Transaction ID: 11c-21189

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 144
(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)
UAW V CAP
Mailing Address 8000 E Jefferson Ave
City Detroit State MI Zip Code 48214-3963
FEC ID number of contributing federal political committee. **C** C00002840
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt: 07 / 10 / 2007
Transaction ID: 11c-20529
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
United Food & Commercial Workers Int'l Union, - AFL-CIO/CLC
Mailing Address 1775 K St NW
City Washington State DC Zip Code 20006-1598
FEC ID number of contributing federal political committee. **C** C00002766
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2250.00
Date of Receipt: 08 / 15 / 2007
Transaction ID: 11c-20678
Amount of Each Receipt this Period: 2250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Wachovia Corporation Employees Good Government Federal Fund I
Mailing Address 301 S College Street
City Charlotte State NC Zip Code 28288
FEC ID number of contributing federal political committee. **C** C00012518
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 09 / 21 / 2007
Transaction ID: 11c-21102
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4250.00**
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 71 / 144
(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)
Wellstone Democratic Renewal Club(WDRC)-PAC

Mailing Address PO Box 65

City State Zip Code
Berkeley CA 94701

FEC ID number of contributing federal political committee. **C** C00404525

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 775.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: 11c-20614

Amount of Each Receipt this Period
175.00

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

SUBTOTAL of Receipts This Page (optional)	▶	175.00
TOTAL This Period (last page this line number only)	▶	30207.47

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 144
(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)
Registrar of Voters/Alameda County

Mailing Address 1225 Fallon St Room G-1

City State Zip Code
Oakland CA 94612

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 14-22768-o

Amount of Each Receipt this Period
165.00

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

B.

Full Name (Last, First, Middle Initial)
Oakland East Bay Democratic Club

Mailing Address 272 Eastmont Mall Town Center

City State Zip Code
Oakland CA 94605

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 0 / 2 0 0 7

Transaction ID: 14-22774-o

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address PO Box 105078

City State Zip Code
Atlanta GA 30348-5078

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: 14-20575

Amount of Each Receipt this Period
338.34

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

SUBTOTAL of Receipts This Page (optional) ► **1003.34**

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 73 / 144
(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)
How Berkeley Can You Be

Mailing Address 320 45th Street

City State Zip Code
Oakland CA 94609

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 14-22772-o

Amount of Each Receipt this Period
41.00

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

B. Full Name (Last, First, Middle Initial)
Super Print, Inc.

Mailing Address 1742 Franklin Stret

City State Zip Code
Oakland CA 94612-3408

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 14-22769-o

Amount of Each Receipt this Period
60.90

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

C. Full Name (Last, First, Middle Initial)
Super Print, Inc.

Mailing Address 1742 Franklin Stret

City State Zip Code
Oakland CA 94612-3408

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007

Transaction ID: 14-22773-o

Amount of Each Receipt this Period
302.58

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

SUBTOTAL of Receipts This Page (optional) ▶ **404.48**

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 74 / 144
(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)
Bay Area Christian Women
Mailing Address PO Box 18577
City State Zip Code
Oakland CA 94619
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007
Transaction ID: 14-22771-o
Amount of Each Receipt this Period
10.00
stale check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeanette Edgerly
Mailing Address 250 Frank Ogawa Plaza 4th Floor
City State Zip Code
Oakland CA 94612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Election Cycle-to-Date ▼ 0.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2007
Transaction ID: 14-22770-o
Amount of Each Receipt this Period
20.00
stale check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	1437.82

**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 75 / 144
	<input 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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) U.S. Bank		Date of Receipt
	Mailing Address 980 - 9th Street		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 15-23404-D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="0.52"/>	
		Amount of Each Receipt this Period	<input type="text" value="0.02"/>
		Interest from Passbook Account	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) U.S. Bank		Date of Receipt
	Mailing Address 980 - 9th Street		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 15-22767-D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="0.52"/>	
		Amount of Each Receipt this Period	<input type="text" value="0.02"/>
		Interest from Passbook Account	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) U.S. Bank		Date of Receipt
	Mailing Address 980 - 9th Street		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sacramento	CA	95814
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 15-22902-D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="0.52"/>	
		Amount of Each Receipt this Period	<input type="text" value="0.02"/>
		Interest from Passbook Account	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.06"/>
TOTAL This Period (last page this line number only)	<input type="text" value="0.06"/>

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)
AT&T

Transaction ID: 17-10703
Date of Disbursement

Mailing Address Payment Center

/ /

City Sacramento State CA Zip Code 95887-0001

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Telephone
Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: 17-10939
Date of Disbursement

Mailing Address Payment Center

/ /

City Sacramento State CA Zip Code 95887-0001

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Telephone
Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: 17-10940
Date of Disbursement

Mailing Address Payment Center

/ /

City Sacramento State CA Zip Code 95887-0001

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Telephone
Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

357.88

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) AT&T Mobility	Transaction ID: 17-10993
	Mailing Address PO Box 515188	Date of Disbursement 08 / 06 / 2007
	City Los Angeles State CA Zip Code 90051-5188	Amount of Each Disbursement this Period 161.82
	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: 17-11186
	Mailing Address PO Box 515188	Date of Disbursement 09 / 05 / 2007
	City Los Angeles State CA Zip Code 90051-5188	Amount of Each Disbursement this Period 490.82
	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Maria Ali	Transaction ID: 17-10701
	Mailing Address 2326 Quail Bluff Place	Date of Disbursement 07 / 02 / 2007
	City San Jose State CA Zip Code 95121	Amount of Each Disbursement this Period 119.75
	Purpose of Disbursement Postage Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	003 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	772.39
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Maria Ali</p> <p>Mailing Address 2326 Quail Bluff Place</p> <p>City San Jose State CA Zip Code 95121</p> <p>Purpose of Disbursement Administrative Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10785</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1287.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Maria Ali</p> <p>Mailing Address 2326 Quail Bluff Place</p> <p>City San Jose State CA Zip Code 95121</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10937</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="164.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Maria Ali</p> <p>Mailing Address 2326 Quail Bluff Place</p> <p>City San Jose State CA Zip Code 95121</p> <p>Purpose of Disbursement Administrative Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10987</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1631.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3082.75"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) Maria Ali	Transaction ID: 17-11068
	Mailing Address 2326 Quail Bluff Place	Date of Disbursement 08 / 14 / 2007
	City San Jose State CA Zip Code 95121	Amount of Each Disbursement this Period 29.17
	Purpose of Disbursement Food Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Maria Ali	Transaction ID: 17-11194
	Mailing Address 2326 Quail Bluff Place	Date of Disbursement 09 / 14 / 2007
	City San Jose State CA Zip Code 95121	Amount of Each Disbursement this Period 462.50
	Purpose of Disbursement Administrative Services Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Maria Ali	Transaction ID: 17-11196
	Mailing Address 2326 Quail Bluff Place	Date of Disbursement 09 / 17 / 2007
	City San Jose State CA Zip Code 95121	Amount of Each Disbursement this Period 54.14
	Purpose of Disbursement Postage & Delivery Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	545.81
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Autumn Press Inc.</p> <p>Mailing Address 945 Camelia Street</p> <p>City Berkeley State CA Zip Code 94710</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10941</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="867.06"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Autumn Press Inc.</p> <p>Mailing Address 945 Camelia Street</p> <p>City Berkeley State CA Zip Code 94710</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10970</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.94"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Autumn Press Inc.</p> <p>Mailing Address 945 Camelia Street</p> <p>City Berkeley State CA Zip Code 94710</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10971</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1490.59"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3512.59"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) Autumn Press Inc. Mailing Address 945 Camelia Street City Berkeley State CA Zip Code 94710 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10969 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 1824.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Autumn Press Inc. Mailing Address 945 Camelia Street City Berkeley State CA Zip Code 94710 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10968 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 1142.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Autumn Press Inc. Mailing Address 945 Camelia Street City Berkeley State CA Zip Code 94710 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11069 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7	Amount of Each Disbursement this Period 4343.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	7309.68
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)
Caltronics Business Systems

Mailing Address 10491 Old Placerville Rd Ste 150

City Sacramento State CA Zip Code 95827-2508

Purpose of Disbursement Copier

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-10985
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
Central Labor Council of Alameda County

Mailing Address 7992 Capwell Drive

City Oakland State CA Zip Code 94621

Purpose of Disbursement Event expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-10786
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)
City Print & Mail

Mailing Address 2115 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-11503
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

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)
City Print & Mail

Mailing Address 2115 Franklin Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Printing

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-10935
Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1016.95

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

B.

Full Name (Last, First, Middle Initial)
Complete Campaigns.Com

Mailing Address 610 Gateway Center Way Ste K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit card fee

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-10961
Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

180.00

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

C.

Full Name (Last, First, Middle Initial)
Complete Campaigns.Com

Mailing Address 610 Gateway Center Way Ste K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit card fee

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-10967
Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

18.75

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

SUBTOTAL of Disbursements This Page (optional) ▶

1215.70

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) Complete Campaigns.Com	Transaction ID: 17-11067 Date of Disbursement 08 / 08 / 2007
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 18.75
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

B.	Full Name (Last, First, Middle Initial) Complete Campaigns.Com	Transaction ID: 17-11078 Date of Disbursement 08 / 22 / 2007
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 76.88
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) Complete Campaigns.Com	Transaction ID: 17-11200 Date of Disbursement 09 / 09 / 2007
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 37.50
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	133.13
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) Complete Campaigns.Com	Transaction ID: 17-11202 Date of Disbursement 09 / 12 / 2007
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 60.00
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

B.	Full Name (Last, First, Middle Initial) Complete Campaigns.Com	Transaction ID: 17-11198 Date of Disbursement 09 / 17 / 2007
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 3.75
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) Complete Campaigns.Com	Transaction ID: 17-11199 Date of Disbursement 09 / 17 / 2007
	Mailing Address 610 Gateway Center Way Ste K	Amount of Each Disbursement this Period 3.75
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	67.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
Complete Campaigns.Com

Mailing Address 610 Gateway Center Way Ste K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit card fee
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-11201
Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

37.50

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

B.

Full Name (Last, First, Middle Initial)
Complete Campaigns.Com

Mailing Address 610 Gateway Center Way Ste K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit card fee
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-11226
Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

37.50

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

C.

Full Name (Last, First, Middle Initial)
Complete Campaigns.Com

Mailing Address 610 Gateway Center Way Ste K

City San Diego State CA Zip Code 92102

Purpose of Disbursement
Credit card fee
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-11225
Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

175.13

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

SUBTOTAL of Disbursements This Page (optional) ▶

250.13

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) Crescent Investigation, Inc.	Transaction ID: 17-11070 Date of Disbursement 08 / 14 / 2007
	Mailing Address 2915 Rawson Street	Amount of Each Disbursement this Period 450.00
	City Oakland State CA Zip Code 94619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Security Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) David L. Andrukitis, Inc.	Transaction ID: 17-10938 Date of Disbursement 07 / 17 / 2007
	Mailing Address 50 E St SE	Amount of Each Disbursement this Period 805.02
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee	Transaction ID: 17-20429-N Date of Disbursement 07 / 05 / 2007
	Mailing Address 430 S Capitol St	Amount of Each Disbursement this Period 25.71
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement In-Kind: Fundraising services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1280.73
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee</p> <p>Mailing Address 430 S Capitol St</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement In-Kind: Fundraising Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-20592-N</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.76"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Chloe Drew</p> <p>Mailing Address 302 W 86th Apt 6B</p> <p>City New York State NY Zip Code 10024</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10942</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="650.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) EarthLink, Inc.</p> <p>Mailing Address PO Box 6452</p> <p>City Carol Stream State IL Zip Code 60197-6452</p> <p>Purpose of Disbursement Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10705</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="698.66"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
EarthLink, Inc.

Transaction ID: 17-10949

Mailing Address PO Box 6452

Date of Disbursement

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

City Carol Stream State IL Zip Code 60197-6452

Amount of Each Disbursement this Period

41.90

Purpose of Disbursement
Internet

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
EarthLink, Inc.

Transaction ID: 17-11072

Mailing Address PO Box 6452

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	7	7

City Carol Stream State IL Zip Code 60197-6452

Amount of Each Disbursement this Period

41.90

Purpose of Disbursement
Internet

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
EarthLink, Inc.

Transaction ID: 17-11195

Mailing Address PO Box 6452

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	7	7

City Carol Stream State IL Zip Code 60197-6452

Amount of Each Disbursement this Period

41.90

Purpose of Disbursement
Internet

001
Category/
Type

Candidate Name

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

125.70

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

<p>A. Full Name (Last, First, Middle Initial) East Bay Conservation Corps</p> <p>Mailing Address 1021 Third Street</p> <p>City Oakland State CA Zip Code 94607</p> <p>Purpose of Disbursement Recycle Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10950</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) James Falaschi</p> <p>Mailing Address 70 Washington St # 207</p> <p>City Oakland State CA Zip Code 94607</p> <p>Purpose of Disbursement In-Kind: In-Kind/Restaurant Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-21230-N</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Golden Eagle Insurance</p> <p>Mailing Address PO Box 85834</p> <p>City San Diego State CA Zip Code 92186-5834</p> <p>Purpose of Disbursement Insurance - liability</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10706</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="499.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)
Kalik & Associates

Transaction ID: 17-10707
Date of Disbursement

Mailing Address 10291 Arizona Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	7

City State Zip Code
Bethesda MD 20817

Amount of Each Disbursement this Period

3203.86

Purpose of Disbursement
Fundraising Fee & Expenses
Candidate Name

003

Category/
Type

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

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

B.

Full Name (Last, First, Middle Initial)
Kalik & Associates

Transaction ID: 17-10974
Date of Disbursement

Mailing Address 10291 Arizona Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

City State Zip Code
Bethesda MD 20817

Amount of Each Disbursement this Period

3178.58

Purpose of Disbursement
Fundraising Fee & Expenses
Candidate Name

003

Category/
Type

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

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

C.

Full Name (Last, First, Middle Initial)
Kalik & Associates

Transaction ID: 17-11080
Date of Disbursement

Mailing Address 10291 Arizona Circle

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

City State Zip Code
Bethesda MD 20817

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Fundraising Fee
Candidate Name

003

Category/
Type

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

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

SUBTOTAL of Disbursements This Page (optional)

9382.44

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
Kalik & Associates

Mailing Address 10291 Arizona Circle

City Bethesda State MD Zip Code 20817

Purpose of Disbursement
Fundraising Expense

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-11190
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

131.29

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

B.

Full Name (Last, First, Middle Initial)
Laurie J. Earp

Mailing Address 4200 Park Blvd # 128

City Oakland State CA Zip Code 94602

Purpose of Disbursement
Consulting

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10713
Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
Laurie J. Earp

Mailing Address 4200 Park Blvd # 128

City Oakland State CA Zip Code 94602

Purpose of Disbursement
Fundraising Expenses

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10714
Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

3213.03

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

SUBTOTAL of Disbursements This Page (optional) ▶

5344.32

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)

<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) Piedmont Party Rentals	Transaction ID: 17-10715-S Date of Disbursement 07 / 02 / 2007
	Mailing Address 4260 Broadway	Amount of Each Disbursement this Period 1180.54
	City Oakland State CA Zip Code 94611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Juneteenth Event Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] SUBVENDOR to Laurie J. Earp
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Blue Heron Caterers	Transaction ID: 17-10716-S Date of Disbursement 07 / 02 / 2007
	Mailing Address 3310 Peralta St Ste B	Amount of Each Disbursement this Period 652.50
	City Oakland State CA Zip Code 94608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Juneteenth Event Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] SUBVENDOR to Laurie J. Earp
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alain McLaughlin	Transaction ID: 17-10718-S Date of Disbursement 07 / 02 / 2007
	Mailing Address 251 W Broadmoor Blvd	Amount of Each Disbursement this Period 325.00
	City San Leandro State CA Zip Code 94577	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Juneteenth Photographer Candidate Name	007 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] SUBVENDOR to Laurie J. Earp
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
DJ Kenfused

Mailing Address 106 Hawk Ct

City Hercules State CA Zip Code 94547-1523

Purpose of Disbursement
Event Music
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-10946-S
Date of Disbursement

07 / 14 / 2007

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

SUBVENDOR to Laurie J. Earp

B.

Full Name (Last, First, Middle Initial)
Harpist from the Hood, Inc.

Mailing Address 1428 Alice St # 405

City Oakland State CA Zip Code 94612

Purpose of Disbursement
BDay Music
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-10947-S
Date of Disbursement

07 / 14 / 2007

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]

SUBVENDOR to Laurie J. Earp

C.

Full Name (Last, First, Middle Initial)
Alain McLaughlin

Mailing Address 251 W Broadmoor Blvd

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Photography
Candidate Name

007
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-10948-S
Date of Disbursement

07 / 14 / 2007

Amount of Each Disbursement this Period

440.00

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

[MEMO ITEM]

SUBVENDOR to Laurie J. Earp

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
Laurie J. Earp

Mailing Address 4200 Park Blvd # 128

City Oakland State CA Zip Code 94602

Purpose of Disbursement
Fundraising Expenses
Candidate Name

003
Category/
Type

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

Transaction ID: 17-10945
Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

10058.45

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

B.

Full Name (Last, First, Middle Initial)
Laurie J. Earp

Mailing Address 4200 Park Blvd # 128

City Oakland State CA Zip Code 94602

Purpose of Disbursement
Fundraising Fee
Candidate Name

003
Category/
Type

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

Transaction ID: 17-10973
Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
Barbara Lee

Mailing Address 1736 Franklin # 400

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Hotel & Mileage charges
Candidate Name
Barbara Lee

002
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: CA District: 09

Transaction ID: 17-10801
Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

437.80

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

SUBTOTAL of Disbursements This Page (optional)

12496.25

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) The Admiralty Inn	Transaction ID: 17-10802-S Date of Disbursement 07 / 09 / 2007
	Mailing Address 51 Teaticket Highway	Amount of Each Disbursement this Period 325.80
	City Falmouth State MA Zip Code 02536	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Hotel Candidate Name	[MEMO ITEM] SUBVENDOR to
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) Barbara Lee	Transaction ID: 17-11062 Date of Disbursement 08 / 14 / 2007
	Mailing Address 1736 Franklin # 400	Amount of Each Disbursement this Period 263.90
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverages Candidate Name Barbara Lee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Lester Connect	Transaction ID: 17-10708 Date of Disbursement 07 / 02 / 2007
	Mailing Address 5758 Geary Blvd # 210	Amount of Each Disbursement this Period 3500.00
	City San Francisco State CA Zip Code 94121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3763.90
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) Lester Connect	Transaction ID: 17-10951 Date of Disbursement 07 / 17 / 2007
	Mailing Address 5758 Geary Blvd # 210	Amount of Each Disbursement this Period 2116.38
	City San Francisco State CA Zip Code 94121	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Expenses Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Academy Floral Co., Inc.	Transaction ID: 17-10991-S Date of Disbursement 07 / 22 / 2007
	Mailing Address 2780 Broadway	Amount of Each Disbursement this Period 425.00
	City New York State NY Zip Code 10025	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Parking Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type
		[MEMO ITEM] SUBVENDOR to Lester Connect

C.	Full Name (Last, First, Middle Initial) Costco CC	Transaction ID: 17-10992-S Date of Disbursement 07 / 22 / 2007
	Mailing Address 13463 Washington Blvd.	Amount of Each Disbursement this Period 427.99
	City Marina Del Rey State CA Zip Code 90292	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food&Beverage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type
		[MEMO ITEM] SUBVENDOR to Lester Connect

SUBTOTAL of Disbursements This Page (optional)	2116.38
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)
Luis Orozco

Mailing Address 3240 Peralta St # 15

City Oakland State CA Zip Code 94608

Purpose of Disbursement

Food for Event

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10976-S

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

768.44

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

[MEMO ITEM]

SUBVENDOR to Lester Connect

B.

Full Name (Last, First, Middle Initial)
Sam Fox

Mailing Address 2202 S Alton Way

City Denver State CO Zip Code 80231

Purpose of Disbursement

Cook for Event

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10990-S

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

650.00

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

[MEMO ITEM]

SUBVENDOR to Lester Connect

C.

Full Name (Last, First, Middle Initial)
Lester Connect

Mailing Address 5758 Geary Blvd # 210

City San Francisco State CA Zip Code 94121

Purpose of Disbursement

Fundraising Expenses

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10975

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

2323.13

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

SUBTOTAL of Disbursements This Page (optional)

2323.13

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) Lester Connect Mailing Address 5758 Geary Blvd # 210 City San Francisco State CA Zip Code 94121 Purpose of Disbursement Fundraising Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10980 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) M W Events Mailing Address 10 Agnes Street City Oakland State CA Zip Code 94618 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11077-S Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 7	Amount of Each Disbursement this Period 1120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] SUBVENDOR to Lester Connect
C.	Full Name (Last, First, Middle Initial) Lester Connect Mailing Address 5758 Geary Blvd # 210 City San Francisco State CA Zip Code 94121 Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11076 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7	Amount of Each Disbursement this Period 1545.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	5045.73
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)

<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

<p>A. Full Name (Last, First, Middle Initial) Lester Connect</p> <p>Mailing Address 5758 Geary Blvd # 210</p> <p>City San Francisco State CA Zip Code 94121</p> <p>Purpose of Disbursement Fundraising Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-11081</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Marstel-Day, LLC</p> <p>Mailing Address 1736 Franklin St Ste 500</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10788</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Marstel-Day, LLC</p> <p>Mailing Address 1736 Franklin St Ste 500</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10955</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) Marstel-Day, LLC Mailing Address 1736 Franklin St Ste 500 City Oakland State CA Zip Code 94612 Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10988 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Marstel-Day, LLC Mailing Address 1736 Franklin St Ste 500 City Oakland State CA Zip Code 94612 Purpose of Disbursement Consulting Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11187 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7	Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Molly Maid of East Bay Hills Mailing Address 1471 MacArthur Blvd. City Oakland State CA Zip Code 94602 Purpose of Disbursement Cleaning for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10936 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7	Amount of Each Disbursement this Period 231.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	5231.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St SE City Washington State DC Zip Code 20003-4071 Purpose of Disbursement Breakfast Buffet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10956 Date of Disbursement 07 / 17 / 2007 Amount of Each Disbursement this Period 584.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) National Democratic Club Mailing Address 30 Ivy St SE City Washington State DC Zip Code 20003-4071 Purpose of Disbursement Banquet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11073 Date of Disbursement 08 / 14 / 2007 Amount of Each Disbursement this Period 818.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Oakland Chinatown Chamber of Commerce Mailing Address 388 Ninth St # 258 City Oakland State CA Zip Code 94607 Purpose of Disbursement Space Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10963 Date of Disbursement 07 / 23 / 2007 Amount of Each Disbursement this Period 523.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1925.66

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) Paper Street Parking <hr/> Mailing Address 300 DeHaro St N Train Car <hr/> City San Francisco State CA Zip Code 94103 <hr/> Purpose of Disbursement Valet Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10957 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 756.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp. <hr/> Mailing Address 1127 11th St Ste 225 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10789 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 5138.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp. <hr/> Mailing Address 1127 11th St Ste 225 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement Accounting Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10958 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 3201.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	9096.98
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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)
Patrick J. Kozlowski Accountancy Corp.

Mailing Address 1127 11th St Ste 225

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Accounting Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10989

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

3474.15

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

B. Full Name (Last, First, Middle Initial)
Patrick J. Kozlowski Accountancy Corp.

Mailing Address 1127 11th St Ste 225

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Accounting Service

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-11188

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

6283.01

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

C. Full Name (Last, First, Middle Initial)
Postal Systems Incorporated

Mailing Address 25024 Viking Street

City Hayward State CA Zip Code 94545-2704

Purpose of Disbursement
Postage

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-10709

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

773.40

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

SUBTOTAL of Disbursements This Page (optional) ▶

10530.56

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 1829 Webster Street</p> <p>City Alameda State CA Zip Code 94501</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10710</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 1829 Webster Street</p> <p>City Alameda State CA Zip Code 94501</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-10981</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Public Storage</p> <p>Mailing Address 1829 Webster Street</p> <p>City Alameda State CA Zip Code 94501</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-11082</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

426.00

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 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) Remcho, Johansen & Purcell Mailing Address 201 Dolores Avenue City San Leandro State CA Zip Code 94577 Purpose of Disbursement Legal Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10982 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 558.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Seulbergers Flowers Mailing Address 523 - 41st Street City Oakland State CA Zip Code 94609 Purpose of Disbursement Florist Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10959 Date of Disbursement 07 / 17 / 2007 Amount of Each Disbursement this Period 95.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Soizic Bistro Mailing Address 300 Broadway City Oakland State CA Zip Code 94607 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11197 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 1107.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1761.14

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) Super Print, Inc.	Transaction ID: 17-10711 Date of Disbursement 07 / 02 / 2007
	Mailing Address 1742 Franklin Stret	Amount of Each Disbursement this Period 70.14
	City Oakland State CA Zip Code 94612-3408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Super Print, Inc.	Transaction ID: 17-10960 Date of Disbursement 07 / 17 / 2007
	Mailing Address 1742 Franklin Stret	Amount of Each Disbursement this Period 89.18
	City Oakland State CA Zip Code 94612-3408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

C.	Full Name (Last, First, Middle Initial) The California Building	Transaction ID: 17-10704 Date of Disbursement 07 / 02 / 2007
	Mailing Address 1736 Franklin St Ste 300	Amount of Each Disbursement this Period 900.00
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	1059.32
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)

<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) The California Building Mailing Address 1736 Franklin St Ste 300 City Oakland State CA Zip Code 94612 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-10972 Date of Disbursement 08 / 01 / 2007 Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11079 Date of Disbursement 08 / 31 / 2007 Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address 980 - 9th Street City Sacramento State CA Zip Code 95814 Purpose of Disbursement Credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11059 Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 395.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2195.35

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

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. Bank	Transaction ID: 17-11060 Date of Disbursement 07 / 03 / 2007
	Mailing Address 980 - 9th Street	Amount of Each Disbursement this Period 35.00
	City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: 17-11061 Date of Disbursement 07 / 16 / 2007
	Mailing Address 980 - 9th Street	Amount of Each Disbursement this Period 13.50
	City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: 17-11191 Date of Disbursement 08 / 01 / 2007
	Mailing Address 980 - 9th Street	Amount of Each Disbursement this Period 246.91
	City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement credit card fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 003

SUBTOTAL of Disbursements This Page (optional)	▶	295.41
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) U.S. Bank Mailing Address 980 - 9th Street City Sacramento State CA Zip Code 95814 Purpose of Disbursement bank charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11192 Date of Disbursement 08 / 14 / 2007 Amount of Each Disbursement this Period 19.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address 980 - 9th Street City Sacramento State CA Zip Code 95814 Purpose of Disbursement credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11428 Date of Disbursement 09 / 04 / 2007 Amount of Each Disbursement this Period 125.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) U.S. Bank Mailing Address 980 - 9th Street City Sacramento State CA Zip Code 95814 Purpose of Disbursement bank charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11429 Date of Disbursement 09 / 17 / 2007 Amount of Each Disbursement this Period 13.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	157.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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) U.S. Bancorp (BL)	Transaction ID: 17-7858-W Date of Disbursement
	Mailing Address PO Box 790408	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City St. Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="1940.65"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) U.S. Bancorp (BL)	Transaction ID: 17-7937-W Date of Disbursement
	Mailing Address PO Box 790408	<input type="text" value="08"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City St. Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="660.78"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) U.S. Bancorp (BL)	Transaction ID: 17-7966-W Date of Disbursement
	Mailing Address PO Box 790408	<input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City St. Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Payment	<input type="text" value="660.45"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3261.88"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Bancorp (CD)</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-7859-W</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2086.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Bancorp (HLH)</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-7857-W</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 2461.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Bancorp (HLH)</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-7948-W</p> <p>Date of Disbursement 08 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.</p>

SUBTOTAL of Disbursements This Page (optional) ►

10547.72

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
<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 (HLH)	Transaction ID: 17-7964-W Date of Disbursement 09 / 05 / 2007
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 5000.00
	City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

B.	Full Name (Last, First, Middle Initial) U.S. Bancorp (JN)	Transaction ID: 17-7860-W Date of Disbursement 07 / 03 / 2007
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 1493.47
	City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

C.	Full Name (Last, First, Middle Initial) U.S. Bancorp (JN)	Transaction ID: 17-7967-W Date of Disbursement 09 / 05 / 2007
	Mailing Address PO Box 790408	Amount of Each Disbursement this Period 658.21
	City St. Louis State MO Zip Code 63179-0408	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit Card Payment	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

SUBTOTAL of Disbursements This Page (optional)	7151.68
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) Falmouth Taxi	Transaction ID: 17-11053-P
	Mailing Address 17 Walker Street	Date of Disbursement 07 / 07 / 2007
	City Falmouth State MA Zip Code 02540	Amount of Each Disbursement this Period 240.00
	Purpose of Disbursement Taxi	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Falmouth Taxi	Transaction ID: 17-11051-P
	Mailing Address 17 Walker Street	Date of Disbursement 07 / 01 / 2007
	City Falmouth State MA Zip Code 02540	Amount of Each Disbursement this Period 190.00
	Purpose of Disbursement Taxi	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Microsoft Online Services	Transaction ID: 17-11056-P
	Mailing Address One Microsoft Way	Date of Disbursement 07 / 23 / 2007
	City Redmond State WA Zip Code 98052-6399	Amount of Each Disbursement this Period 21.95
	Purpose of Disbursement Internet	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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 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) Southwest Airlines	Transaction ID: 17-11054-P Date of Disbursement 07 / 08 / 2007
	Mailing Address TKT-BY-MAIL	Amount of Each Disbursement this Period 195.40
	City Dallas State TX Zip Code 75221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

B.	Full Name (Last, First, Middle Initial) United States Postal Service/Civic Center Station	Transaction ID: 17-11055-P Date of Disbursement 07 / 14 / 2007
	Mailing Address 201 13th St.	Amount of Each Disbursement this Period 10.43
	City Oakland State CA Zip Code 94612-9991	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Purpose of Disbursement Postage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Ballys Paris	Transaction ID: 17-11443-P Date of Disbursement 08 / 25 / 2007
	Mailing Address 3645 Las Vegas Blvd South	Amount of Each Disbursement this Period 13.65
	City Las Vegas State NV Zip Code 89109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Purpose of Disbursement Meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
Microsoft Online Services

Mailing Address One Microsoft Way

City State Zip Code
Redmond WA 98052-6399

Purpose of Disbursement
Internet

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-11437-P
Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

21.95

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (BL)

B.

Full Name (Last, First, Middle Initial)
Scott's Jack London

Mailing Address 2 Broadway

City State Zip Code
Oakland CA 94607

Purpose of Disbursement
Food - fundraiser

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-11434-P
Date of Disbursement

08 / 08 / 2007

Amount of Each Disbursement this Period

254.90

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (BL)

C.

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

Mailing Address 1200 E Algonquin Rd

City State Zip Code
Elk Grove Village IL 60007

Purpose of Disbursement
Ticket fee

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-11438-P
Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

15.00

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (BL)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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	Transaction ID: 17-11440-P Date of Disbursement 08 / 25 / 2007
	Mailing Address 1200 E Algonquin Rd	Amount of Each Disbursement this Period 143.90
	City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 17-11439-P Date of Disbursement 08 / 24 / 2007
	Mailing Address 1200 E Algonquin Rd	Amount of Each Disbursement this Period 15.00
	City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Ticket Fee Candidate Name	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 002

C.	Full Name (Last, First, Middle Initial) BestBuy	Transaction ID: 17-11251-P Date of Disbursement 09 / 11 / 2007
	Mailing Address 3700 Mandela Parkway	Amount of Each Disbursement this Period 41.30
	City Oakland State CA Zip Code 94608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Supplies Candidate Name	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (BL)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
Microsoft Online Services

Transaction ID: 17-11254-P
Date of Disbursement

Mailing Address One Microsoft Way

/ /

City State Zip Code
Redmond WA 98052-6399

Amount of Each Disbursement this Period

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (BL)

State: District:

B.

Full Name (Last, First, Middle Initial)
U.S. House of Representatives

Transaction ID: 17-12373-P
Date of Disbursement

Mailing Address Capitol H118

/ /

City State Zip Code
Washington DC 20515

Amount of Each Disbursement this Period

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

State: District:

C.

Full Name (Last, First, Middle Initial)
U.S. House of Representatives

Transaction ID: 17-12358-P
Date of Disbursement

Mailing Address Capitol H118

/ /

City State Zip Code
Washington DC 20515

Amount of Each Disbursement this Period

Purpose of Disbursement
Supplies

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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) Net Wizards	Transaction ID: 17-12359-P Date of Disbursement 07 / 06 / 2007
	Mailing Address 90 South Spruce Avenue, Suite 5	Amount of Each Disbursement this Period 24.95
	City S. San Francisco State CA Zip Code 94080-4555	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Purpose of Disbursement Internet Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Party Rentals	Transaction ID: 17-12383-P Date of Disbursement 07 / 21 / 2007
	Mailing Address 8476 Steller Drive	Amount of Each Disbursement this Period 530.50
	City Culver City State CA Zip Code 90232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Purpose of Disbursement Event Expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 007
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Patrick & Company	Transaction ID: 17-12380-P Date of Disbursement 07 / 19 / 2007
	Mailing Address 560 Market Street	Amount of Each Disbursement this Period 8.31
	City San Francisco State CA Zip Code 94104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Purpose of Disbursement Office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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 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) Patrick & Company	Transaction ID: 17-12354-P Date of Disbursement 07 / 02 / 2007
	Mailing Address 560 Market Street	Amount of Each Disbursement this Period 51.96
	City San Francisco State CA Zip Code 94104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Purpose of Disbursement Office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Patrick & Company	Transaction ID: 17-12360-P Date of Disbursement 07 / 06 / 2007
	Mailing Address 560 Market Street	Amount of Each Disbursement this Period 38.74
	City San Francisco State CA Zip Code 94104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Purpose of Disbursement Office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 17-12375-P Date of Disbursement 07 / 18 / 2007
	Mailing Address TKT-BY-MAIL	Amount of Each Disbursement this Period 238.80
	City Dallas State TX Zip Code 75221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		002 Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

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

Transaction ID: 17-12382-P
Date of Disbursement

Mailing Address TKT-BY-MAIL

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

City Dallas State TX Zip Code 75221

Amount of Each Disbursement this Period

268.80

Purpose of Disbursement
Travel

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

State: District:

B.

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

Transaction ID: 17-12374-P
Date of Disbursement

Mailing Address TKT-BY-MAIL

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

City Dallas State TX Zip Code 75221

Amount of Each Disbursement this Period

129.40

Purpose of Disbursement
Travel

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

State: District:

C.

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

Transaction ID: 17-12369-P
Date of Disbursement

Mailing Address TKT-BY-MAIL

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	7	7

City Dallas State TX Zip Code 75221

Amount of Each Disbursement this Period

709.00

Purpose of Disbursement
Travel

002

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
Spoonbread

Mailing Address 366 W 110th Street

City State Zip Code
New York NY 10025

Purpose of Disbursement
Meal

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-12348-P
Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

95.29

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B.

Full Name (Last, First, Middle Initial)
Tel-A-Car

Mailing Address 3055 Vernon Blvd.

City State Zip Code
New York NY 11102

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-12351-P
Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

55.59

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C.

Full Name (Last, First, Middle Initial)
The UPS Store

Mailing Address 1714 Franklin St Ste 100

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Postage & Delivery

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-12352-P
Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

17.71

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12364-P Date of Disbursement 07 / 10 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 17.71
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12384-P Date of Disbursement 07 / 23 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 29.51
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12386-P Date of Disbursement 07 / 25 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 17.71
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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) The UPS Store	Transaction ID: 17-12372-P Date of Disbursement 07 / 17 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 17.71
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12367-P Date of Disbursement 07 / 12 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 118.20
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12371-P Date of Disbursement 07 / 16 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 29.51
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12361-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 07 / 06 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 46.54
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12363-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 07 / 09 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 104.27
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12347-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 07 / 01 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 29.51
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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 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) The UPS Store Mailing Address 1714 Franklin St Ste 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement Postage & Delivery Candidate Name	Transaction ID: 17-12346-P Date of Disbursement 07 / 01 / 2007 Amount of Each Disbursement this Period 196.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 1714 Franklin St Ste 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement Postage & Delivery Candidate Name	Transaction ID: 17-12353-P Date of Disbursement 07 / 02 / 2007 Amount of Each Disbursement this Period 29.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 1714 Franklin St Ste 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement Postage & Delivery Candidate Name	Transaction ID: 17-12357-P Date of Disbursement 07 / 05 / 2007 Amount of Each Disbursement this Period 17.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: 17-12388-P Date of Disbursement 07 / 27 / 2007
	Mailing Address 980 - 9th Street	Amount of Each Disbursement this Period 107.14
	City Sacramento State CA Zip Code 95814	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank charge Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 17-12350-P Date of Disbursement 07 / 01 / 2007
	Mailing Address 1200 E Algonquin Rd	Amount of Each Disbursement this Period 475.40
	City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C.	Full Name (Last, First, Middle Initial) United States Postal Service/Civic Center Station	Transaction ID: 17-12356-P Date of Disbursement 07 / 03 / 2007
	Mailing Address 201 13th St.	Amount of Each Disbursement this Period 44.82
	City Oakland State CA Zip Code 94612-9991	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)
Vertical Response

Mailing Address 501 2nd St # 700

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Internet

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-12345-P
Date of Disbursement: 07 / 01 / 2007

Amount of Each Disbursement this Period: 40.91

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

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B. Full Name (Last, First, Middle Initial)
Vertical Response

Mailing Address 501 2nd St # 700

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Internet

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-12385-P
Date of Disbursement: 07 / 25 / 2007

Amount of Each Disbursement this Period: 4.72

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

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C. Full Name (Last, First, Middle Initial)
Vertical Response

Mailing Address 501 2nd St # 700

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Postage & Delivery

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 17-12366-P
Date of Disbursement: 07 / 12 / 2007

Amount of Each Disbursement this Period: 40.15

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

[MEMO ITEM]
Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional) ► 0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial)
Vertical Response

Mailing Address 501 2nd St # 700

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Internet
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-12387-P
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B. Full Name (Last, First, Middle Initial)
Vertical Response

Mailing Address 501 2nd St # 700

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Internet
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-12365-P
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C. Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 755 Crossover Ln

City Memphis State TN Zip Code 38117

Purpose of Disbursement Campaign event
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 17-12398-P
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional) ▶

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**SCHEDULE B (FEC Form 3)
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<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) Hilton Hotels	Transaction ID: 17-12400-P Date of Disbursement 08 / 04 / 2007
	Mailing Address 755 Crossover Ln	Amount of Each Disbursement this Period 461.97
	City Memphis State TN Zip Code 38117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Expense Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Net Wizards	Transaction ID: 17-12401-P Date of Disbursement 08 / 06 / 2007
	Mailing Address 90 South Spruce Avenue, Suite 5	Amount of Each Disbursement this Period 24.95
	City S. San Francisco State CA Zip Code 94080-4555	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Internet Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Patrick & Company	Transaction ID: 17-12393-P Date of Disbursement 07 / 30 / 2007
	Mailing Address 560 Market Street	Amount of Each Disbursement this Period 29.06
	City San Francisco State CA Zip Code 94104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supply Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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<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) Patrick & Company	Transaction ID: 17-12405-P Date of Disbursement 08 / 09 / 2007
	Mailing Address 560 Market Street	Amount of Each Disbursement this Period 17.39
	City San Francisco State CA Zip Code 94104	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Supply Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12403-P Date of Disbursement 08 / 07 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 17.78
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12394-P Date of Disbursement 07 / 30 / 2007
	Mailing Address 1714 Franklin St Ste 100	Amount of Each Disbursement this Period 29.51
	City Oakland State CA Zip Code 94612	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage & Delivery Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12397-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 08 / 02 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 49.00
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12395-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 07 / 30 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 17.71
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12406-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 08 / 10 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 66.78
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12404-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 08 / 08 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 30.75
	Purpose of Disbursement Postage & Delivry Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: 17-12402-P
	Mailing Address 980 - 9th Street	Date of Disbursement 08 / 06 / 2007
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Bank charge Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: 17-12408-P
	Mailing Address 980 - 9th Street	Date of Disbursement 08 / 29 / 2007
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 141.09
	Purpose of Disbursement Finance charge Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

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<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) Vertical Response Mailing Address 501 2nd St # 700 City San Francisco State CA Zip Code 94107 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 17-12407-P Date of Disbursement 08 / 10 / 2007
	Amount of Each Disbursement this Period 39.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B. Full Name (Last, First, Middle Initial) Vertical Response Mailing Address 501 2nd St # 700 City San Francisco State CA Zip Code 94107 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 17-12399-P Date of Disbursement 08 / 03 / 2007
	Amount of Each Disbursement this Period 39.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C. Full Name (Last, First, Middle Initial) Net Wizards Mailing Address 90 South Spruce Avenue, Suite 5 City S. San Francisco State CA Zip Code 94080-4555 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 17-12413-P Date of Disbursement 09 / 06 / 2007
	Amount of Each Disbursement this Period 24.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial) Patrick & Company Mailing Address 560 Market Street City San Francisco State CA Zip Code 94104 Purpose of Disbursement Office supplies Candidate Name	Transaction ID: 17-12414-P Date of Disbursement 09 / 11 / 2007 Amount of Each Disbursement this Period 17.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 1714 Franklin St Ste 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement Postage & Delivery Candidate Name	Transaction ID: 17-12420-P Date of Disbursement 09 / 19 / 2007 Amount of Each Disbursement this Period 29.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) The UPS Store Mailing Address 1714 Franklin St Ste 100 City Oakland State CA Zip Code 94612 Purpose of Disbursement Postage & Delivery Candidate Name	Transaction ID: 17-12422-P Date of Disbursement 09 / 25 / 2007 Amount of Each Disbursement this Period 17.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	0.00
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**SCHEDULE B (FEC Form 3)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12419-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 09 / 18 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 112.82
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12418-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 09 / 18 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 49.00
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) The UPS Store	Transaction ID: 17-12416-P
	Mailing Address 1714 Franklin St Ste 100	Date of Disbursement 09 / 12 / 2007
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 98.00
	Purpose of Disbursement Postage & Delivery	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A.

Full Name (Last, First, Middle Initial)
The UPS Store

Mailing Address 1714 Franklin St Ste 100

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Postage & Delivery

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-12417-P
Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

17.86

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B.

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

Mailing Address 980 - 9th Street

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Finance charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-12423-P
Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

35.44

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

C.

Full Name (Last, First, Middle Initial)
Vertical Response

Mailing Address 501 2nd St # 700

City State Zip Code
San Francisco CA 94107

Purpose of Disbursement
Internet

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-12421-P
Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

38.62

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

[MEMO ITEM]

Credit card payee, see Schedule D U.S. Bancorp (HL-H)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Barbara Lee for Congress

A. Full Name (Last, First, Middle Initial) Vertical Response Mailing Address 501 2nd St # 700 City San Francisco State CA Zip Code 94107 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-12415-P Date of Disbursement 09 / 12 / 2007
	Amount of Each Disbursement this Period 38.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (HL-H)

B. Full Name (Last, First, Middle Initial) Ballys Paris Mailing Address 3645 Las Vegas Blvd South City Las Vegas State NV Zip Code 89109 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11084-P Date of Disbursement 08 / 17 / 2007
	Amount of Each Disbursement this Period 325.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (JN)

C. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address TKT-BY-MAIL City Dallas State TX Zip Code 75221 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-11085-P Date of Disbursement 08 / 17 / 2007
	Amount of Each Disbursement this Period 118.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (JN)

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<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	Transaction ID: 17-11087-P Date of Disbursement 08 / 17 / 2007
	Mailing Address 1200 E Algonquin Rd	Amount of Each Disbursement this Period 198.40
	City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (JN)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: 17-11086-P Date of Disbursement 08 / 17 / 2007
	Mailing Address 1200 E Algonquin Rd	Amount of Each Disbursement this Period 15.00
	City Elk Grove Village State IL Zip Code 60007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Ticket Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (JN)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) U.S. House of Representatives	Transaction ID: 17-11230-P Date of Disbursement 09 / 20 / 2007
	Mailing Address Capitol H118	Amount of Each Disbursement this Period 16.62
	City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Advertising Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Credit card payee, see Schedule D U.S. Bancorp (JN)
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

127442.21

**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)
Barbara Lee for Congress

A.	Full Name (Last, First, Middle Initial) Congressional Black Caucus Foundation, Inc.	Transaction ID: 21-11193 Date of Disbursement 09 / 13 / 2007
	Mailing Address 1720 Massachusetts Ave NW	Amount of Each Disbursement this Period 8400.00
	City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Sponsor Tables/Tickets Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	012 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee	Transaction ID: 21-10787 Date of Disbursement 07 / 03 / 2007
	Mailing Address 430 S Capitol St SE 2nd Floor	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transfer to DCCC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	012 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee	Transaction ID: 21-10944 Date of Disbursement 07 / 17 / 2007
	Mailing Address 430 S Capitol St SE 2nd Floor	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transfer to DCCC Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	012 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	28400.00
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)
Barbara Lee for Congress

<p>A. Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee</p> <p>Mailing Address 430 S Capitol St SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Transfer to DCCC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21-10986</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8575.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Camp. Committee</p> <p>Mailing Address 430 S Capitol St SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Transfer to DCCC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21-11189</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) The Faith & Politics Institute</p> <p>Mailing Address 110 Maryland Ave NE Ste 304</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 21-10962</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="24075.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value="52475.00"/></p>

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

(Use separate schedule(s) for each numbered line)	PAGE 143 / 144
	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): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address PO Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 1940.65	Transaction ID: D10-3714-W	
Amount Incurred This Period 1446.52	Payment This Period 3261.88	Outstanding Balance at Close of This Period 125.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bancorp (CD)	Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address PO Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 2086.61	Transaction ID: D10-9025-W	
Amount Incurred This Period 0.00	Payment This Period 2086.61	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Bancorp (HLH)	Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address PO Box 790408	
City State ZIP Code St. Louis MO 63179-0408	

Outstanding Balance Beginning This Period 7461.11	Transaction ID: D10-3688-W	
Amount Incurred This Period 7983.96	Payment This Period 13461.11	Outstanding Balance at Close of This Period 1983.96

1) SUBTOTALS This Period This Page (optional).....	▶	2109.25
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL 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

(Use separate schedule(s) for each numbered line)	PAGE 144 / 144
	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 (JN)			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address PO Box 790408			
City St. Louis	State MO	ZIP Code 63179-0408	

Outstanding Balance Beginning This Period		Transaction ID: D10-13160-W	
1493.47			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
919.12	2151.68	260.91	

1) SUBTOTALS This Period This Page (optional).....	260.91
2) TOTALS This Period (last page this line number only).....	2370.16
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	2370.16