

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)
Charles A. Gonzalez Congressional Campaign

Full Name (Last, First, Middle Initial) A. Peter Sakai for Judge		Transaction ID: D5257 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address PO Box 15395		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78212		
Purpose of Disbursement Non-Federal Contribution 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) ▼	

Full Name (Last, First, Middle Initial) B. Race Unity Day		Transaction ID: D5264 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 312 Garraty Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78209		
Purpose of Disbursement Donation 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) ▼	

Full Name (Last, First, Middle Initial) C. ROBERTO RODRIGUEZ FOR CONGRESS		Transaction ID: D5266 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6
Mailing Address 1340 WEST BUENA VISTA		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BARSTOW State CA Zip Code 92311		
Purpose of Disbursement Contribution Candidate Name Roberto Rodriguez	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____