

**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

Bob Filner for Congress

ADDRESS (number and street) PO Box 127868

Check if different than previously reported. (ACC) San Diego CA 92112 7868

2. **FEC IDENTIFICATION NUMBER** C00261388 **CITY** **STATE** CA **ZIP CODE** 92112 **STATE** CA **DISTRICT** 51

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

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 10 01 2005 through 12 31 2005

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 Mark Pollick

Signature of Treasurer Electronically Filed by Mark Pollick Date 09 13 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bob Filner for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	153198.83	1020579.39
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	153198.83	1019929.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	138193.48	553459.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	138193.48	553459.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	712401.66	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Bob Filner for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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

(i) Itemized (use Schedule A).....

67850.00

566883.96

(ii) Unitemized.....

33072.90

105975.51

(iii) TOTAL of contributions

100922.90

672859.47

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

52275.93

347719.92

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

153198.83

1020579.39

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.).....

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

12639.47

15225.33

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

165838.30

1035804.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	138193.48	553459.77
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	650.00
(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	650.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	138193.48	554109.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	684756.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	165838.30
25. SUBTOTAL (add Line 23 and Line 24).....	850595.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	138193.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	712401.66

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Bob Filner		Candidate ID Number H2CA50034
Name of Principal Campaign Committee Bob Filner for Congress		Committee ID Number C C00261388
Committee Address PO Box 127868		
City San Diego	State CA	ZIP 92112-7868
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	1005766.81	33850.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	1005766.81	33850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Israel Adato		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 420 Horizon View Drive		Transaction ID: A-C33028
City State Zip Code Chula Vista CA 91910-7451	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 Express Financial Service Occupation Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mose Adato		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 2000 Clearwater Place		Transaction ID: A-C33029
City State Zip Code Chula Vista CA 91913-2460	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 Nigal Inc. Occupation owner/manager		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Neil Adato		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 1 / 2 0 0 5
Mailing Address 1274 Wheatland Street		Transaction ID: A-C33030
City State Zip Code Chula Vista CA 91913-1423	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 Express Financial Service Occupation President		
Receipt For: 2006 <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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ian T. Allison

Mailing Address PO Box 1705

City State Zip Code
Santa Rosa CA 95402-1705

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 5

Transaction ID: A-C32208

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)
Louise Arnold

Mailing Address 2425 Ellentown Road

City State Zip Code
La Jolla CA 92037-1108

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

Name of Employer UCSD Occupation Professor/homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: A-C33195

Amount of Each Receipt this Period
600.00

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

C. Full Name (Last, First, Middle Initial)
James P Baldwin

Mailing Address 270 Newport Center Drive Suite 200

City State Zip Code
Newport Beach CA 92660-7547

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

Name of Employer The Baldwin Company Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

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

Transaction ID: A-C33377

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. James P Baldwin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 270 Newport Center Drive Suite 200		Transaction ID: A-C33378
City State Zip Code Newport Beach CA 92660-7547	Amount of Each Receipt this Period 2000.00	
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 The Baldwin Company Occupation Owner	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) B. Diana Barrows		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 3601 Jackdaw Street		Transaction ID: A-C33325
City State Zip Code San Diego CA 92103-3837	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 Diana Barrows, M.D. Inc. Occupation Physician	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) C. Kenneth S Baumgartner		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 20049 Elfin Forest Lane		Transaction ID: A-C33201
City State Zip Code Escondido CA 92029-6005	Amount of Each Receipt this Period 1000.00	
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 Corky McMillin Co. Occupation President & COO	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Eduardo Becerra

Mailing Address PO Box 6068

City State Zip Code
Chula Vista CA 91909-6068

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

Name of Employer Occupation
Kand Auto Sales Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

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

Transaction ID: A-C32153

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)
Charles A Bird

Mailing Address 4182 Ingalls Street

City State Zip Code
San Diego CA 92103-1354

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

Name of Employer Occupation
Luce Forward Hamilton Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33444

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
Gloria B Brady

Mailing Address 7501 S 10th Street

City State Zip Code
McAllen TX 78503-1127

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

Name of Employer Occupation
UETA, Inc. Senior Vice-President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: A-C33482

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)	3450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
H.J. Brady

Mailing Address 7501 S 10th Street

City State Zip Code
McAllen TX 78503-1127

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

Name of Employer Occupation
Brady's Duty Free Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: A-C33483

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Don Brock

Mailing Address PO Box 498

City State Zip Code
El Centro CA 92244-0498

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33239

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)
Gerald D Brody

Mailing Address 3465 Camino Del Rio S Suite 440

City State Zip Code
San Diego CA 92108-3908

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

Name of Employer Occupation
Gerald D. Brody Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 0 5

Transaction ID: A-C33433

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Sampson A Brown

Mailing Address 1100 Los Caballitos

City State Zip Code
Del Mar CA 92014-3963

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

Name of Employer Occupation
Knight & Carver President & Chief Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: A-C32154

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)
Eugene Burkard

Mailing Address 2481 Presidio Drive

City State Zip Code
San Diego CA 92103-1017

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33446

Amount of Each Receipt this Period
1100.00

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

C. Full Name (Last, First, Middle Initial)
John A Caldeira

Mailing Address 1021 Anna Street

City State Zip Code
West Sacramento CA 95605-2206

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 5

Transaction ID: A-C32434

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) ► **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
The Honorable Anne L Campbell

Mailing Address 1129 Mary Lane

City State Zip Code
National City CA 91950-4124

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

Name of Employer National City School Dist Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33439

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)
Ernest Cardoza

Mailing Address 627 Elkelton Boulevard

City State Zip Code
Spring Valley CA 91977-5526

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33604

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)
Hugo Carver

Mailing Address 3698 Zola Street

City State Zip Code
San Diego CA 92106-1229

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

Name of Employer Knight & Carver Yacht Center Occupation Engineer/Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: A-C32260

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Aimee Lee Cheek

Mailing Address 6209 Estelle Street

City San Diego State CA Zip Code 92115-5616

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

Name of Employer Aimee Lee Cheek Occupation Writer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: A-C33384

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Louis L Colen

Mailing Address 2727 Krim Drive

City Los Angeles State CA Zip Code 90064-4607

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: A-C33480

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)
Annamarie Covarrubias

Mailing Address 3432 Bancroft Street

City San Diego State CA Zip Code 92104-4319

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

Name of Employer Sunnyslope Elementary Occupation Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: A-C33476

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) ► **3050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ruth Covarrubias

Mailing Address 3248 Granada Avenue

City San Diego State CA Zip Code 92104-4514

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

Name of Employer South Carpet & Linoleum Occupation Secretary

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: A-C33475

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)
Fatohlah Dastmalchi

Mailing Address 1098 Bevinger Drive

City El Dorado Hills State CA Zip Code 95762-7669

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

Name of Employer Department of Transportation Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33484

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)
Alice De La Torre

Mailing Address 1320 Seacoast Drive Apt. G

City Imperial Beach State CA Zip Code 91932-3164

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: A-C33400

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► 2550.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 123 (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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial) William Duffy Mailing Address 119 Diapian Bay <hr/> City State Zip Code Alameda CA 94502-7910 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer N/A Occupation Retired <hr/> Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">6</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">5</td> </tr> </table> <hr/> Transaction ID: A-C32336 <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">50.00</div> <hr/> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	0	5												

B. Full Name (Last, First, Middle Initial) William Duffy Mailing Address 119 Diapian Bay <hr/> City State Zip Code Alameda CA 94502-7910 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer N/A Occupation Retired <hr/> Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">5</td> </tr> </table> <hr/> Transaction ID: A-C33495 <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">150.00</div> <hr/> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	5												

C. Full Name (Last, First, Middle Initial) Sue K Edwards Mailing Address 8151 El Paseo Grande <hr/> City State Zip Code La Jolla CA 92037-3125 <hr/> FEC ID number of contributing federal political committee. C <hr/> Name of Employer N/A Occupation Homemaker <hr/> Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> <td style="border: 1px solid black; padding: 2px;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">3</td> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">0</td> <td style="border: 1px solid black; padding: 2px;">5</td> </tr> </table> <hr/> Transaction ID: A-C33308 <hr/> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">1000.00</div> <hr/> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	0	5												

SUBTOTAL of Receipts This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">1200.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Marcelle L. Eglely-Sparks

Mailing Address PO Box 371368

City State Zip Code
San Diego CA 92137-1368

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

Name of Employer Occupation
ABA Recovery President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 5

Transaction ID: A-C32209

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)
Joseph M Ellis

Mailing Address 1906 Willow Street

City State Zip Code
San Diego CA 92106-1824

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

Name of Employer Occupation
Solidus Property Systems Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 5

Transaction ID: A-C33255

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)
Craig Elmore

Mailing Address PO Box 119

City State Zip Code
Brawley CA 92227-0119

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

Name of Employer Occupation
Desert Sky Farm Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33244

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) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 123
	(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	

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NAME OF COMMITTEE (In Full)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ernst Epstein

Mailing Address 420 Edgewood Road

City State Zip Code
San Mateo CA 94402-1163

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

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: A-C32299

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)
Danah H Fayman

Mailing Address 700 Front Street
Unit 1103

City State Zip Code
San Diego CA 92101-6060

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

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

Transaction ID: A-C32167

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)
Danah H Fayman

Mailing Address 700 Front Street
Unit 1103

City State Zip Code
San Diego CA 92101-6060

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

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

Transaction ID: A-C33655

Amount of Each Receipt this Period
400.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Elsa R Feher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address 2710 Bordeaux Avenue		Transaction ID: A-C33497	
City State Zip Code La Jolla CA 92037-2030	Amount of Each Receipt this Period 250.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired Professor	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alberta Feurzeig		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5	
Mailing Address 6363 El Cajon Boulevard Suite 206		Transaction ID: A-C33455	
City State Zip Code San Diego CA 92115-2644	Amount of Each Receipt this Period 1000.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific View Construction Occupation Principal Owner	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Joel Filner		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address 345 E 57th Street # 2C		Transaction ID: A-C33616	
City State Zip Code New York NY 10022-2952	Amount of Each Receipt this Period 200.00		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer Huxley Barter Occupation Metal Trader	Election Cycle-to-Date ▼ 300.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Lawrence Fleming

Mailing Address 4605 Highway 111

City State Zip Code
Brawley CA 92227-2227

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

Name of Employer Spruce Farms, Inc. Occupation Owner/Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 233.34

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: A-C33461

Amount of Each Receipt this Period
166.67

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

B. Full Name (Last, First, Middle Initial)
Robert Fleming

Mailing Address 4605 Highway 111

City State Zip Code
Brawley CA 92227-2227

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

Name of Employer Spruce Farms Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 233.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: A-C33462

Amount of Each Receipt this Period
166.66

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

C. Full Name (Last, First, Middle Initial)
Orlando B. Foote

Mailing Address 895 Broadway Street

City State Zip Code
El Centro CA 92243-2311

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

Name of Employer Horton, Knox, Carter & Foote Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33238

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)	583.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Millicent D Froehlich

Mailing Address 1444 Windsong Lane

City Escondido State CA Zip Code 92026-7834

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C33406

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)
Frank Fuentes

Mailing Address 1800 National City Boulevard

City National City State CA Zip Code 91950-5518

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

Name of Employer Olympic Auto Sales Occupation Car Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C32155

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 J Fuller

Mailing Address 1140 Seacoast Drive

City Imperial Beach State CA Zip Code 91932-3102

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

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

Transaction ID: A-C33324

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)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 123
	(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"/>	<input type="checkbox"/>	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Eugene Gabrych

Mailing Address 2006 Old Highway 395

City State Zip Code
Fallbrook CA 92028-8816

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

Name of Employer Self Occupation
Investor/Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-C33358

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)
Patrick Garahan

Mailing Address 444 Pomona Avenue

City State Zip Code
Coronado CA 92118-1940

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

Name of Employer Self Occupation
Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C33205

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)
William W Gay

Mailing Address 524 Stockton Street

City State Zip Code
Jacksonville FL 32204-2535

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

Name of Employer W. W. Gay Mechanical Contrac Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: A-C33091

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Rene Gil

Mailing Address 1147 Hanford Court

City Chula Vista State CA Zip Code 91913-1444

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

Name of Employer Sports Auto Inc Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C32156

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)
Martin Gleich

Mailing Address 5120 Norris Road

City San Diego State CA Zip Code 92115-1013

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

Name of Employer Guild Mortgage Company Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: A-C32261

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Steven H Greenwald

Mailing Address 6108 Pasatiempo Avenue

City San Diego State CA Zip Code 92120-3819

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

Name of Employer Steven H. Greenwald, MD Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33489

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2450.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Gus Guzelian

Mailing Address 1845 Green Street
Apt. 307

City San Francisco State CA Zip Code 94123-4953

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

Name of Employer A.M.O. Occupation Union Rep.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: A-C33152

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Judd G Halenza

Mailing Address 650 15th Street

City Del Mar State CA Zip Code 92014-2525

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

Name of Employer The Judd Company Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: A-C33479

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)
William Hanchett

Mailing Address 6443 Dwane Avenue

City San Diego State CA Zip Code 92120-3924

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

Name of Employer SDSU Occupation Retired/Profesor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: A-C33321

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 123 (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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial) Leone M Hayes Mailing Address 8515 Costa Verde Boulevard Unit 405 City San Diego State CA Zip Code 92122-1138 FEC ID number of contributing federal political committee. C Name of Employer N/A Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: A-C33474 Amount of Each Receipt this Period 1100.00 <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) Mel Heifetz Mailing Address 304 S 12th Street City Philadelphia State PA Zip Code 19107-5908 FEC ID number of contributing federal political committee. C Name of Employer Self employed Occupation Hospitality Management Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5 Transaction ID: A-C33188 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
--	--

C. Full Name (Last, First, Middle Initial) Richard Hertzberg Mailing Address 2637 Longboat Cove City Del Mar State CA Zip Code 92014-3833 FEC ID number of contributing federal political committee. C Name of Employer ENPEX Corporation Occupation President Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: A-C33441 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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SUBTOTAL of Receipts This Page (optional) ▶	4200.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Helen J Hodges

Mailing Address 2218 Juan Street

City San Diego State CA Zip Code 92103-1109

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

Name of Employer Lerach Coughlin et al Occupation Attorney/partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: A-C33329

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
Eugene G. Iredale

Mailing Address 105 W F Street Floor 4

City San Diego State CA Zip Code 92101-6087

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

Name of Employer self-employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C33031

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)
Xema Jacobson

Mailing Address 3962 Stevemark Lane

City Spring Valley State CA Zip Code 91977-1729

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

Name of Employer SD Co Reg. Airport Authority Occupation Airport Commissioner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: A-C33252

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) ► **1850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Jobe

Mailing Address 203 Windmere Drive

City State Zip Code
Chattanooga TN 37411-1824

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

Name of Employer Occupation
EMJ Corporation Executive VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-C32263

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)
William D Jones

Mailing Address 4024 Hempstead Circle

City State Zip Code
San Diego CA 92116-2116

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

Name of Employer Occupation
City Scene Managmt. Compa-ny Real estate developer/ investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33481

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)
Carson T. Kalin

Mailing Address PO Box 554

City State Zip Code
Brawley CA 92227-0554

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

Name of Employer Occupation
Self Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: A-C33250

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Berdele M Katz

Mailing Address 5889 Ciudad Leon Court

City San Diego State CA Zip Code 92120-3965

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

Name of Employer Fancy That Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: A-C33311

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)
John Christopher Kennedy

Mailing Address 7626 Willow Glen Road

City Los Angeles State CA Zip Code 90046-1609

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

Name of Employer Irell & Manella Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 5

Transaction ID: A-C32201

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 R Kershaw

Mailing Address 338 Andrita Place

City Brawley State CA Zip Code 92227-2261

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

Name of Employer Self Employed Occupation Agricultural Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33240

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
John R Knight

Mailing Address 3666 Jewell Street

City San Diego State CA Zip Code 92109-6724

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

Name of Employer Knight & Carver Yacht Center Occupation Chairman of Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: A-C32422

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)
Michael A Kraman

Mailing Address 200 Sandpointe Avenue Suite 200

City Santa Ana State CA Zip Code 92707-8797

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

Name of Employer HNTB Occupation P.E./ Office Leader

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: A-C33478

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)
Charles H Latimer

Mailing Address 6444 Clara Lee Avenue

City San Diego State CA Zip Code 92120-2614

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 455.00

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

Transaction ID: A-C32086

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Jonathan P Laverick

Mailing Address 24 2nd Avenue

City Chula Vista State CA Zip Code 91910-1953

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C33387

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Craig Manchester

Mailing Address 160 Newport Center Drive Suite 240

City Newport Beach State CA Zip Code 92660-6975

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

Name of Employer Integral Partners Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C33285

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)
Hubert Marshall

Mailing Address 611 Alvarado Row

City Stanford State CA Zip Code 94305-8507

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 5

Transaction ID: A-C33112

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)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Bob Filner for Congress

<p>A. Full Name (Last, First, Middle Initial) Martha E Martin</p> <p>Mailing Address PO Box 790300</p> <p>City Paia State HI Zip Code 96779-0300</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 30 / 2005</p> <p>Transaction ID: A-C33533</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Anne W McCammon</p> <p>Mailing Address 8750 Glenwick Lane</p> <p>City La Jolla State CA Zip Code 92037-2039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A Occupation Retired</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 01 / 2005</p> <p>Transaction ID: A-C32540</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) James A McCammon</p> <p>Mailing Address 8750 Glenwick Lane</p> <p>City La Jolla State CA Zip Code 92037-2039</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer UCSD Occupation Prof. Chem.and Biochem</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 01 / 2005</p> <p>Transaction ID: A-C32541</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Bob Filner for Congress

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

Mailing Address 2450 Virginia Avenue NW
Apt. E631

City Washington State DC Zip Code 20037-2685

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: A-C33575

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Mary McClain

Mailing Address 9549 Tropico Drive

City La Mesa State CA Zip Code 91941-6816

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: A-C33514

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)
Richard McCune

Mailing Address 736 Rosecrans Street

City San Diego State CA Zip Code 92106-3013

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

Name of Employer McCune Chrysler-Jeep Occupation President/Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: A-C32802

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)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ed McGrew

Mailing Address 1755 Meloland Road

City Holtville State CA Zip Code 92250-9595

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

Name of Employer Nudairy One Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: A-C33254

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)
Roy Motter

Mailing Address 4605 Highway 111

City Brawley State CA Zip Code 92227-2227

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

Name of Employer Spruce Farms Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 233.33

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 5

Transaction ID: A-C33460

Amount of Each Receipt this Period
166.67

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

C. Full Name (Last, First, Middle Initial)
R. Michael Murphy

Mailing Address 8851 Kerns Street Suite 200

City San Diego State CA Zip Code 92154-6218

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

Name of Employer Murphy Development Co. Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

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

Transaction ID: A-C33202

Amount of Each Receipt this Period
850.00

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

SUBTOTAL of Receipts This Page (optional) ► **1266.67**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
R. Michael Murphy

Mailing Address 8851 Kerns Street
Suite 200

City San Diego State CA Zip Code 92154-6218

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

Name of Employer Murphy Development Co. Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

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

Transaction ID: A-C33203

Amount of Each Receipt this Period
1150.00

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

B. Full Name (Last, First, Middle Initial)
Daniel J Navigato

Mailing Address 501 W Broadway
Suite 2060

City San Diego State CA Zip Code 92101-8563

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

Name of Employer Navigato & Batfin LLP Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C32157

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 Olaes

Mailing Address ODM
13860 Stowe Drive

City Poway State CA Zip Code 92064-2064

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

Name of Employer ODM Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: A-C32784

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) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Joan K Parry

Mailing Address 8850 Villa La Jolla Drive
Unit 215

City State Zip Code
La Jolla CA 92037-1960

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

Transaction ID: A-C32294

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Joan K Parry

Mailing Address 8850 Villa La Jolla Drive
Unit 215

City State Zip Code
La Jolla CA 92037-1960

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: A-C32786

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)
Robert Penner

Mailing Address 1883 Cabernet Drive

City State Zip Code
Chula Vista CA 91913-1268

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

Name of Employer Eye Phys Med/Surg Ctr Occupation Opthamologist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: A-C32173

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) ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Robert Penny

Mailing Address 4640 La Cuenta Drive

City State Zip Code
San Diego CA 92124-3011

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

Name of Employer SAIC Occupation Physicist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 5

Transaction ID: A-C33313

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)
Chris Penrose

Mailing Address 2223 Avenida De La Playa

City State Zip Code
La Jolla CA 92037-3200

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

Name of Employer The Penrose Corporation Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: A-C32254

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)
Louis E Peterson

Mailing Address 6847 Moorhen Place

City State Zip Code
Carlsbad CA 92011-4051

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 5

Transaction ID: A-C32325

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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Brian Polejes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 3435 Grim Avenue Apt. 2		Transaction ID: A-C33440
City State Zip Code San Diego CA 92104-4247	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 Local 535 SEIU	Occupation Senior Field Representative	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Heinz Poppendiek		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 7834 Esterel Drive		Transaction ID: A-C33408
City State Zip Code La Jolla CA 92037-3523	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 Geoscience Ltd	Occupation Applied Physicist	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Allison Price		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 4472 Arista Street		Transaction ID: A-C33209
City State Zip Code San Diego CA 92103-1032	Amount of Each Receipt this Period 1000.00	
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 Price Charities	Occupation President/director	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Evelyn M Pruess

Mailing Address 2095 Lieder Drive

City San Diego State CA Zip Code 92154-2935

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2005

Transaction ID: A-C32662

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)
Michael Recht

Mailing Address 6847 Elaine Way

City San Diego State CA Zip Code 92120-3932

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

Name of Employer Yardage Town Occupation Retail Fabrics

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2005

Transaction ID: A-C33309

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)
Bernard P Rhinerson

Mailing Address 10435 Summerwood Court

City San Diego State CA Zip Code 92131-2331

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

Name of Employer SW Strategies Occupation Vice Pres/Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2005

Transaction ID: A-C33312

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)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Jim Rosapepe		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 1828 L Street NW Floor 11		Transaction ID: A-C33520
City Washington State DC Zip Code 20036-5104	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 Patuxent Consulting Group	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. M. Lea Rudee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 5
Mailing Address 1345 Caminito Acento		Transaction ID: A-C32292
City La Jolla State CA Zip Code 92037-7175	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 UCSD	Occupation Professor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. M. Lea Rudee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 1345 Caminito Acento		Transaction ID: A-C32788
City La Jolla State CA Zip Code 92037-7175	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 UCSD	Occupation Professor	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
James Sattler

Mailing Address 117 Forest Avenue

City State Zip Code
Chattanooga TN 37405-3918

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

Name of Employer Occupation
EMJ Corporation General Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: A-C32264

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)
Ruth J Schneider

Mailing Address 1042 Piccard Avenue

City State Zip Code
San Diego CA 92154-2565

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: A-C32253

Amount of Each Receipt this Period
75.00

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

C. Full Name (Last, First, Middle Initial)
Ruth J Schneider

Mailing Address 1042 Piccard Avenue

City State Zip Code
San Diego CA 92154-2565

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: A-C33022

Amount of Each Receipt this Period
125.00

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

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ruth J Schneider

Mailing Address 1042 Piccard Avenue

City San Diego State CA Zip Code 92154-2565

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33519

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)
Rolf Schulze

Mailing Address 4340 Aragon Way

City San Diego State CA Zip Code 92115-5912

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C33323

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)
Melvin Shapiro

Mailing Address 3930 Centre Street Apt. 103

City San Diego State CA Zip Code 92103-3453

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33448

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)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Al Sheahan

Mailing Address PO Box 2204

City State Zip Code
Van Nuys CA 91404-2204

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

Name of Employer Self-Employed Occupation
Publisher/Writer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33507

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)
Clyde Shields

Mailing Address 420 W Main Street

City State Zip Code
Brawley CA 92227-2245

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

Name of Employer Clyde Shields Entomologic- Occupation
al Entomologist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33242

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)
Herbert B Shore

Mailing Address 5228 E Falls View Drive

City State Zip Code
San Diego CA 92115-1421

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

Name of Employer N/A Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

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

Transaction ID: A-C33379

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 123
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bob Filner for Congress

<p>A. Full Name (Last, First, Middle Initial) John D Stanek</p> <p>Mailing Address 31136 Via Colinas</p> <hr/> <p>City State Zip Code Coto De Caza CA 92679-4005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Integral Partners Principal</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1000.00</p>	<p>Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5</p> <p>Transaction ID: A-C33286</p> <p>Amount of Each Receipt this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Nancy E Stein</p> <p>Mailing Address 148 W 11th Street</p> <hr/> <p>City State Zip Code New York NY 10011-8306</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation N/A Homemaker</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1000.00</p>	<p>Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5</p> <p>Transaction ID: A-C33485</p> <p>Amount of Each Receipt this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Abby Stitt</p> <p>Mailing Address 9229 Village Glen Drive Unit 132</p> <hr/> <p>City State Zip Code San Diego CA 92123-2476</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Writer</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt</p> <p style="text-align: center;">M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5</p> <p>Transaction ID: A-C33450</p> <p>Amount of Each Receipt this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Irving P Strickland

Mailing Address 3646 E 32nd Street

City Tucson State AZ Zip Code 85713-4204

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33488

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Martha J. Sullivan

Mailing Address 16628 Maverick Court

City Poway State CA Zip Code 92064-1612

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

Name of Employer N/A Occupation Investor Volunteer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 251.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: A-C32783

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)
Sean Summers

Mailing Address 1051 Southview Circle

City Chula Vista State CA Zip Code 91910-7176

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

Name of Employer Sum Value Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C32158

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Ronald D Tharp

Mailing Address 669 Kitty Hawk

City Imperial State CA Zip Code 92251-2251

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

Name of Employer Sprekels Sugar Company Occupation AG. Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33241

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)
Anthony P Tieber

Mailing Address 5942 Steeplechase Road

City Bonita State CA Zip Code 91902-3042

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

Name of Employer L-3 Communications Occupation Software Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33511

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)
Jan Tuttleman

Mailing Address 7791 Starlight Drive

City La Jolla State CA Zip Code 92037-3543

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

Name of Employer Tuttleman Family Foundation Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33442

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)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Eduardo Valerio		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 1209 Positas Road		Transaction ID: A-C33354
City State Zip Code Chula Vista CA 91910-7910	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 Occupation Sweetwater Educ. Foundati- Consultant/President on	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Henry Van Gemert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 5
Mailing Address 800 25th Avenue W		Transaction ID: A-C32661
City State Zip Code Palmetto FL 34221-4260	Amount of Each Receipt this Period 1000.00	
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 Occupation N/A Retired	Election Cycle-to-Date ▼ 2100.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jon Vessey		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address PO Box 2766		Transaction ID: A-C32615
City State Zip Code El Centro CA 92244-2766	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Vessey and Co. Farmer	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Lance Waite

Mailing Address PO Box 7218

City Rancho Santa Fe State CA Zip Code 92067-7218

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

Name of Employer Integral Partners Occupation real estate developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: A-C33204

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)
Michele Tsutagawa Ward

Mailing Address 4653 Meadow Drive

City Carlsbad State CA Zip Code 92010-5541

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

Name of Employer Carlsbad U. Sch. Dist. Occupation Substitute Teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33531

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)
Sam Ward

Mailing Address 4653 Meadow Drive

City Carlsbad State CA Zip Code 92010-5541

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

Name of Employer Barrack Rodos & Bacine Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-C33530

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Dolores A Welty		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 8 / 2 0 0 5	
Mailing Address 2076 Sheridan Road		Transaction ID: A-C33270	
City State Zip Code Encinitas CA 92024-1144		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Donald Westrope		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 5	
Mailing Address 3911 Mount Blackburn Avenue		Transaction ID: A-C32159	
City State Zip Code San Diego CA 92111-3816		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 Island Sales & Leasing Occupation Owner			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Myra White		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 934 Harvard Avenue		Transaction ID: A-C33360	
City State Zip Code Claremont CA 91711-4337		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A Occupation Retired			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 123
	(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)
Bob Filner for Congress

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

Mailing Address 12836 Lunada Place

City State Zip Code
San Diego CA 92128-1115

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

Name of Employer Occupation
Wilson Boyles & Co. Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: A-C33503

Amount of Each Receipt this Period
1100.00

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

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

Mailing Address 6450 Lance Way

City State Zip Code
San Diego CA 92120-2927

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: A-C33372

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	67850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 123
	<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)
 Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. AFGE PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 5	
Mailing Address 80 F Street NW		Transaction ID: A-C32198	
City State Zip Code Washington DC 20001-1528		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00009936		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Physical Therapy Assn PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 5	
Mailing Address 1111 North Fairfax Street		Transaction ID: A-C32210	
City State Zip Code Alexandria VA 22314-1484		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00161604		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. American Pilots' Assn PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 499 S Capitol Street SW Suite 409		Transaction ID: A-C33206	
City State Zip Code Washington DC 20003-4023		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00041061		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 123
	<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)
Bob Filner for Congress

A. American Sugar Cane League PAC

Full Name (Last, First, Middle Initial)
Mailing Address 499 S Capitol Street SW
Suite 600

City Washington State DC Zip Code 20003-4037

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 5

Transaction ID: A-C32288

Amount of Each Receipt this Period
500.00

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

B. American Waterways Operators PAC

Full Name (Last, First, Middle Initial)
Mailing Address 801 N Quincy Street
Suite 200

City Arlington State VA Zip Code 22203-1708

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33249

Amount of Each Receipt this Period
1000.00

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

C. Ashland Inc PAC

Full Name (Last, First, Middle Initial)
Mailing Address 601 Pennsylvania Avenue NW
540

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00075994

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: A-C33331

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Assn of Nurse Anesthetists PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 412 1st Street SE Suite 12		Transaction ID: A-C32257
City Washington State DC Zip Code 20003-1804	FEC ID number of contributing federal political committee. C C00173153	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Barbara Lee For Congress		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1127 11th Street Suite 225		Transaction ID: A-C32846
City Sacramento State CA Zip Code 95814-3809	FEC ID number of contributing federal political committee. C C00331769	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. BNSF RAILPAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 700 13th Street NW Suite 220		Transaction ID: A-C33283
City Washington State DC Zip Code 20005-5915	FEC ID number of contributing federal political committee. C C00235739	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Cal Sugar Beet PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5	
Mailing Address 2 W Swain Road		Transaction ID: A-C33222	
City State Zip Code Stockton CA 95207-4344		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00129742		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. California Avocado Proponent		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 5	
Mailing Address 330 Encinitas Boulevard Suite 101		Transaction ID: A-C32258	
City State Zip Code Encinitas CA 92024-8705		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00111047		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Committee to Elect Gary L. Ackerman		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5	
Mailing Address PO Box 95		Transaction ID: A-C33660	
City State Zip Code Fresh Meadows NY 11365-0095		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00165241		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Cubic Corporation Employees PAC

Mailing Address 1235 Crystal Drive

City Arlington State VA Zip Code 22202-3248

FEC ID number of contributing federal political committee. **C** C00151787

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 5

Transaction ID: A-C32200

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)
DCCC

Mailing Address PAC Director
430 South Capitol Street SE

City Washington State DC Zip Code 20003-0003

FEC ID number of contributing federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

119.92

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

Transaction ID: A-I32189

Amount of Each Receipt this Period
18.36

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

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

Mailing Address PAC Director
430 South Capitol Street SE

City Washington State DC Zip Code 20003-0003

FEC ID number of contributing federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

119.92

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 5

Transaction ID: A-I33281

Amount of Each Receipt this Period
7.57

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

SUBTOTAL of Receipts This Page (optional)	▶	1025.93
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 54 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Filner for Congress

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

Mailing Address 101 Constitution Avenue NW
801E

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: A-C33473

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)
Friends Of Bud Cramer

Mailing Address PO Box 2621

City State Zip Code
Huntsville AL 35804-2621

FEC ID number of contributing federal political committee. **C** C00239038

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: A-C32174

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)
Granite Construction PAC

Mailing Address Granite Construction Company
4001 Bradshaw Road

City State Zip Code
Sacramento CA 95827-5827

FEC ID number of contributing federal political committee. **C** C00337394

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 6 / 2 0 0 5

Transaction ID: A-C33248

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) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Hotel Employees & Restaurant Employees PAC

Mailing Address 1125 17th Street NW
Floor 5

City Washington State DC Zip Code 20036-4724

FEC ID number of contributing federal political committee. **C** C00004515

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 5

Transaction ID: A-C32199

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)
IBEW-COPE

Mailing Address 1125 15th Street NW

City Washington State DC Zip Code 20005-2707

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 5

Transaction ID: A-C32229

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
International Longshoremen's Association ILA-COPE

Mailing Address 17 Battery Place

City New York State NY Zip Code 10004-1207

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: A-C32694

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)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Lofgren For Congress		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 50 W San Fernando Street Suite 350		Transaction ID: A-C33577
City State Zip Code San Jose CA 95113-2438	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00289603		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mainstream PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address PO Box 29		Transaction ID: A-C33576
City State Zip Code San Jose CA 95103-0029	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00343574		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Matson Federal Election Committee PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 1735 New York Avenue NW Suite 500		Transaction ID: A-C33332
City State Zip Code Washington DC 20006-5221	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00024752		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. NARAL PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 1156 15th Street NW Suite 700		Transaction ID: A-C33328 Amount of Each Receipt this Period 2500.00
City Washington State DC Zip Code 20005-1744		
FEC ID number of contributing federal political committee. C C00079541		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Nat'l Assn of Postmasters of the U.S. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 8 Herbert Street		Transaction ID: A-C32256 Amount of Each Receipt this Period 2000.00
City Alexandria State VA Zip Code 22305-2628		
FEC ID number of contributing federal political committee. C C00100404		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4250.00	

Full Name (Last, First, Middle Initial) C. National Association Of Wheat Growers PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 415 2nd Street NE Suite 300		Transaction ID: A-C33217 Amount of Each Receipt this Period 250.00
City Washington State DC Zip Code 20002-4900		
FEC ID number of contributing federal political committee. C C00139964		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <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) ▶	4750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. National Beer Wholesalers Assn PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 5
Mailing Address 1101 King Street Suite 600		Transaction ID: A-C32195
City Alexandria State VA Zip Code 22314-2965	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00144766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. National Rural Letter Carriers Association PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 5
Mailing Address 1630 Duke Street Floor 4		Transaction ID: A-C33307
City Alexandria State VA Zip Code 22314-3426	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00072025		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Parsons Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 5
Mailing Address 100 W Walnut Street # T-1110		Transaction ID: A-C32196
City Pasadena State CA Zip Code 91124-0001	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00103549		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Realtors Assn PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 430 N Michigan Avenue		Transaction ID: A-C33352	
City State Zip Code Chicago IL 60611-4011	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00030718		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. Science Applications (SAIC) PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 5	
Mailing Address 1919 Pennsylvania Avenue NW Suite 650		Transaction ID: A-C33412	
City State Zip Code Washington DC 20006-3407	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00300418		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Southern Minnesota Sugar PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 5	
Mailing Address PO Box 500		Transaction ID: A-C33243	
City State Zip Code Renville MN 56284-0500	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00166348		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines Freedom Fnd		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 1901 L Street NW Suite 640		Transaction ID: A-C33284
City Washington State DC Zip Code 20036-3558		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00341602		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Sugar Cane Growers Cooperative of Florida PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address PO Box 666		Transaction ID: A-C32191
City Belle Glade State FL Zip Code 33430-0666		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00254656		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. The PAC for Democracy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address PO Box 1401		Transaction ID: A-C33197
City San Carlos State CA Zip Code 94070-1401		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00385880		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 123
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. The Show-Me Fund		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 700 13th Street NW Suite 700		Transaction ID: A-C32337 Amount of Each Receipt this Period 500.00
City Washington State DC Zip Code 20005-6619	FEC ID number of contributing federal political committee. C C00381194	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. United Mine Workers of America PAC		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 8315 Lee Highway		Transaction ID: A-C33413 Amount of Each Receipt this Period 1000.00
City Fairfax State VA Zip Code 22031-2215	FEC ID number of contributing federal political committee. C C00013342	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. United Parcel Service PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 5
Mailing Address 316 Pennsylvania Avenue SE Suite 300		Transaction ID: A-C32203 Amount of Each Receipt this Period 2500.00
City Washington State DC Zip Code 20003-1173	FEC ID number of contributing federal political committee. C C00064766	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
United Transportation Union PAC

Mailing Address 304 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1147

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 7 / 2 0 0 5

Transaction ID: A-C33438

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Western United Dairyemen PAC

Mailing Address 1315 K Street

City Modesto State CA Zip Code 95354-0917

FEC ID number of contributing federal political committee. **C** C00186072

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: A-C33472

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)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	52275.93

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 123
	<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 295 E Street		Transaction ID: A-M32211
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 3.20	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2159.20	

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 295 E Street		Transaction ID: A-M32212
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 135.81	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2159.20	

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 295 E Street		Transaction ID: A-M33198
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 131.32	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2159.20	

SUBTOTAL of Receipts This Page (optional)	270.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 123
	(check only one)	
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 295 E Street		Transaction ID: A-M33199
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 3.14	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2159.20	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 295 E Street		Transaction ID: A-M33628
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 155.04	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2159.20	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 295 E Street		Transaction ID: A-M33629
City State Zip Code Chula Vista CA 91910-2942	Amount of Each Receipt this Period 3.46	
FEC ID number of contributing federal political committee. C	Interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Election Cycle-to-Date ▼ 2159.20	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	161.64
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 123
	<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
First Future Credit Union

Mailing Address PO Box 509074

City State Zip Code
San Diego CA 92150-9074

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4925.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 5

Transaction ID: A-M33288

Amount of Each Receipt this Period
1385.18

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

B. Full Name (Last, First, Middle Initial)
First Future Credit Union

Mailing Address PO Box 509074

City State Zip Code
San Diego CA 92150-9074

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4925.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: A-M33640

Amount of Each Receipt this Period
1396.13

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

C. Full Name (Last, First, Middle Initial)
First Future Credit Union

Mailing Address PO Box 509074

City State Zip Code
San Diego CA 92150-9074

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4925.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 5

Transaction ID: A-M33642

Amount of Each Receipt this Period
1426.19

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

SUBTOTAL of Receipts This Page (optional)	4207.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 123	
	(check only one)	
<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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
Smart Campaigns, Inc.

Mailing Address 240 Commercial Street
Suite D

City Nevada City State CA Zip Code 95959-2524

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	7	/	2	0	0	5

Transaction ID: A-M32213

Amount of Each Receipt this Period
8000.00

Consultant refund

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

SUBTOTAL of Receipts This Page (optional)	▶	8000.00
TOTAL This Period (last page this line number only)	▶	12639.47

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)
Bob Filner for Congress

A. AOL Full Name (Last, First, Middle Initial) AOL Mailing Address 22000 Aol Way City Dulles State VA Zip Code 20166-9302 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-725 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 23.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(10/03/05)
--	--	--

B. AOL Full Name (Last, First, Middle Initial) AOL Mailing Address 22000 Aol Way City Dulles State VA Zip Code 20166-9302 Purpose of Disbursement Internet service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-737 Date of Disbursement 11 / 02 / 2005 Amount of Each Disbursement this Period 23.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(11/02/05)
--	--	--

C. AOL Full Name (Last, First, Middle Initial) AOL Mailing Address 22000 Aol Way City Dulles State VA Zip Code 20166-9302 Purpose of Disbursement Internet service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-756 Date of Disbursement 12 / 01 / 2005 Amount of Each Disbursement this Period 23.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(12/01/05)
--	--	--

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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Atlas Kona Kai San Diego		Transaction ID: B-S-760 Date of Disbursement 12 / 01 / 2005
Mailing Address 1551 Shelter Island Drive		Amount of Each Disbursement this Period 901.10
City San Diego State CA Zip Code 92106-3102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: catering Candidate Name	Category/Type 003	[MEMO ITEM] Subitemization of Citibank Card(12/01/05)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: B-E-33170 Date of Disbursement 10 / 01 / 2005
Mailing Address 295 E Street		Amount of Each Disbursement this Period 5.00
City Chula Vista State CA Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adminstrative/Salary/Overhead: Fee NSF Candidate Name	Category/Type 001	<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:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: B-E-33171 Date of Disbursement 10 / 01 / 2005
Mailing Address 295 E Street		Amount of Each Disbursement this Period 30.00
City Chula Vista State CA Zip Code 91910-2942	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Adminstrative/Salary/Overhead: Fee Candidate Name	Category/Type 001	<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:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	35.00
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: B-E-32145 Date of Disbursement 10 / 03 / 2005
Mailing Address 295 E Street		Amount of Each Disbursement this Period 374.95
City Chula Vista State CA Zip Code 91910-2942	Purpose of Disbursement Merchant Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: B-E-33278 Date of Disbursement 10 / 13 / 2005
Mailing Address 295 E Street		Amount of Each Disbursement this Period 24.20
City Chula Vista State CA Zip Code 91910-2942	Purpose of Disbursement Merchant fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: B-S-764 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 276		Amount of Each Disbursement this Period 52.79
City Dayton State OH Zip Code 45401-0276	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(12/01/05)

SUBTOTAL of Disbursements This Page (optional) ▶	399.15
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: B-S-772 Date of Disbursement 12 / 01 / 2005	
Mailing Address PO Box 276		Amount of Each Disbursement this Period 52.79	
City Dayton State OH Zip Code 45401-0276	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(12/01/05)	

Full Name (Last, First, Middle Initial) B. Blue Cross Of California		Transaction ID: B-E-32143 Date of Disbursement 10 / 08 / 2005	
Mailing Address PO Box 54010		Amount of Each Disbursement this Period 631.00	
City Los Angeles State CA Zip Code 90054-0010	Purpose of Disbursement Health Insurance Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Blue Cross Of California		Transaction ID: B-E-33041 Date of Disbursement 11 / 11 / 2005	
Mailing Address PO Box 54010		Amount of Each Disbursement this Period 373.00	
City Los Angeles State CA Zip Code 90054-0010	Purpose of Disbursement Health Insurance Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1004.00
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Blue Cross Of California		Transaction ID: B-E-33290 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 5
Mailing Address PO Box 54010		Amount of Each Disbursement this Period 502.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90054-0010	Purpose of Disbursement Health Insurance Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Campaign Resources		Transaction ID: B-E-32297 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 2828 Wisconsin Avenue NW Apt. 311		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-4716	Purpose of Disbursement Fundraising: Consultant fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Campaign Resources		Transaction ID: B-E-32572 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 2828 Wisconsin Avenue NW Apt. 311		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007-4716	Purpose of Disbursement Fundraising: Consultant fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8502.00
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)
Bob Filner for Congress

<p>A. Campaign Resources</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2828 Wisconsin Avenue NW Apt. 311</p> <p>City Washington State DC Zip Code 20007-4716</p> <p>Purpose of Disbursement Fundraising: Consultant fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: B-E-33376 Date of Disbursement 11 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 003</p>

<p>B. Candelas Restaurant</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 416 3rd Avenue</p> <p>City San Diego State CA Zip Code 92101-6803</p> <p>Purpose of Disbursement Fundraising: Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: B-S-718 Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 259.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 003</p> <p>[MEMO ITEM] Subitemization of Citibank Card(10/03/05)</p>

<p>C. Citibank Card</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 6309</p> <p>City The Lakes State NV Zip Code 88901-6309</p> <p>Purpose of Disbursement Other: See memo</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: B-E-32026 Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 5781.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>9781.59</p>
<p>TOTAL This Period (last page this line number only)</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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Citibank Card		Transaction ID: B-E-32536 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 5113.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City The Lakes State NV Zip Code 88901-6309		
Purpose of Disbursement Other: see memo Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citibank Card		Transaction ID: B-E-33231 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address PO Box 6309		Amount of Each Disbursement this Period 3809.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City The Lakes State NV Zip Code 88901-6309			
Purpose of Disbursement Other: See memo Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. City Of Chula Vista		Transaction ID: B-E-32089 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 5	
Mailing Address 276 4th Avenue		Amount of Each Disbursement this Period 420.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Chula Vista State CA Zip Code 91910-2631			
Purpose of Disbursement License fee Candidate Name			Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9343.29
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Complete Campaigns.com		Transaction ID: B-E-33273 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>
City San Diego	State CA	Zip Code 92102-4548
Purpose of Disbursement on line fee	<input type="text" value="001"/> Category/Type	
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="100.00"/>
State: District:		

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com		Transaction ID: B-E-32184 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2005"/>
City San Diego	State CA	Zip Code 92102-4548
Purpose of Disbursement on-line fee	<input type="text" value="001"/> Category/Type	
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="105.00"/>
State: District:		

Full Name (Last, First, Middle Initial) C. Complete Campaigns.com		Transaction ID: B-E-33276 Date of Disbursement
Mailing Address 610 Gateway Center Way Suite K		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>
City San Diego	State CA	Zip Code 92102-4548
Purpose of Disbursement Website fee	<input type="text" value="001"/> Category/Type	
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <input type="text" value="72.37"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="277.37"/>
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Complete Campaigns.com		Transaction ID: B-E-32794 Date of Disbursement 10 / 27 / 2005
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 22.50
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com		Transaction ID: B-E-33274 Date of Disbursement 10 / 31 / 2005
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 125.00
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Complete Campaigns.com		Transaction ID: B-E-32785 Date of Disbursement 11 / 03 / 2005
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 115.00
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	262.50
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Complete Campaigns.com		Transaction ID: B-E-33275 Date of Disbursement 11 / 07 / 2005
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 85.00
City San Diego State CA Zip Code 92102-4548	Purpose of Disbursement Administrative/Salary/Overhead: Graphics Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com		Transaction ID: B-E-33042 Date of Disbursement 11 / 10 / 2005
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 34.75
City San Diego State CA Zip Code 92102-4548	Purpose of Disbursement on-line fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Complete Campaigns.com		Transaction ID: B-E-33272 Date of Disbursement 11 / 24 / 2005
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 17.75
City San Diego State CA Zip Code 92102-4548	Purpose of Disbursement on-line fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	137.50
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Complete Campaigns.com		Transaction ID: B-E-33172 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 2.50
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com		Transaction ID: B-E-33271 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 113.75
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Complete Campaigns.com		Transaction ID: B-E-33316 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 50.52
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	166.77
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Complete Campaigns.com		Transaction ID: B-E-33457 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 399.75
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Complete Campaigns.com		Transaction ID: B-E-33605 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 610 Gateway Center Way Suite K		Amount of Each Disbursement this Period 12.50
City San Diego State CA Zip Code 92102-4548	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement on-line fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Coronado Mobile Storage		Transaction ID: B-E-32012 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 728 Jacinto Place		Amount of Each Disbursement this Period 185.00
City Coronado State CA Zip Code 92118-2319	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Storage Space Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	597.25
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Coronado Mobile Storage		Transaction ID: B-E-32530 Date of Disbursement 11 / 02 / 2005
Mailing Address 728 Jacinto Place		Amount of Each Disbursement this Period 185.00
City Coronado State CA Zip Code 92118-2319	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Storage Space	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Coronado Mobile Storage		Transaction ID: B-E-33234 Date of Disbursement 12 / 01 / 2005
Mailing Address 728 Jacinto Place		Amount of Each Disbursement this Period 185.00
City Coronado State CA Zip Code 92118-2319	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent Storage Space	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Council For A Livable World PAC		Transaction ID: B-E-33631 Date of Disbursement 10 / 13 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 0.80
City Washington State DC Zip Code 20002-5824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement online fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	370.80
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Council For A Livable World PAC		Transaction ID: B-E-33630 Date of Disbursement 10 / 14 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 6.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement online fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Council For A Livable World PAC		Transaction ID: B-E-33632 Date of Disbursement 10 / 31 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 20.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement online fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Council For A Livable World PAC		Transaction ID: B-E-33633 Date of Disbursement 11 / 01 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 8.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement online fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

34.85

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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Council For A Livable World PAC		Transaction ID: B-E-33634 Date of Disbursement 11 / 02 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 25.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	001 Category/Type	
Purpose of Disbursement online fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Council For A Livable World PAC		Transaction ID: B-E-33635 Date of Disbursement 11 / 07 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 4.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	001 Category/Type	
Purpose of Disbursement online fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Council For A Livable World PAC		Transaction ID: B-E-33636 Date of Disbursement 11 / 08 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 1.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	001 Category/Type	
Purpose of Disbursement online fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	30.81
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

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NAME OF COMMITTEE (In Full)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Council For A Livable World PAC		Transaction ID: B-E-33637 Date of Disbursement 11 / 28 / 2005
Mailing Address 322 4th Street NE		Amount of Each Disbursement this Period 1.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-5824	001 Category/Type	
Purpose of Disbursement online fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Council For A Livable World PAC		Transaction ID: B-E-33638 Date of Disbursement 11 / 28 / 2005
Mailing Address 322 4th Street NE		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
City Washington State DC Zip Code 20002-5824	001 Category/Type	
Purpose of Disbursement online fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: B-E-32021 Date of Disbursement 10 / 03 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 99.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cypress State CA Zip Code 90630-0058	001 Category/Type	
Purpose of Disbursement Internet Service Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	139.06
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: B-E-32025 Date of Disbursement 10 / 03 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 39.95
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: B-E-32533 Date of Disbursement 11 / 02 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 99.00
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: B-E-32534 Date of Disbursement 11 / 02 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 39.95
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	178.90
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Cox Communications		Transaction ID: B-E-33228 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 99.00
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Cox Communications		Transaction ID: B-E-33614 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 6058		Amount of Each Disbursement this Period 39.95
City Cypress State CA Zip Code 90630-0058	Purpose of Disbursement Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. DCCC		Transaction ID: B-I-32189 Date of Disbursement 10 / 05 / 2005
Mailing Address PAC Director 430 South Capitol Street SE		Amount of Each Disbursement this Period 18.36
City Washington State DC Zip Code 20003-0003	Purpose of Disbursement Inkind: Fundraising Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	157.31
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. DCCC		Transaction ID: B-E-32222 Date of Disbursement 10 / 17 / 2005
Mailing Address PAC Director 430 South Capitol Street SE		Amount of Each Disbursement this Period 42.18
City Washington State DC Zip Code 20003-0003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DCCC		Transaction ID: B-I-33281 Date of Disbursement 12 / 08 / 2005
Mailing Address PAC Director 430 South Capitol Street SE		Amount of Each Disbursement this Period 7.57
City Washington State DC Zip Code 20003-0003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Inkind: fundraising services Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DeFrance Printing		Transaction ID: B-E-32014 Date of Disbursement 10 / 03 / 2005
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 426.69
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: printing Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	476.44
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. DeFrance Printing		Transaction ID: B-E-32015 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 234.90
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Paraphernalia: Printing Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DeFrance Printing		Transaction ID: B-E-32224 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 1648.58
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising: Printing Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DeFrance Printing		Transaction ID: B-E-33048 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 143.31
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2026.79
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. DeFrance Printing		Transaction ID: B-E-33232 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 320 W 17th Street		Amount of Each Disbursement this Period 128.22
City National City State CA Zip Code 91950-5504	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dell Marketing Company		Transaction ID: B-S-742 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 2717.07
City Round Rock State TX Zip Code 78682-7000	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Equipment Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(11/02/05)

Full Name (Last, First, Middle Initial) C. Enterprise Rent A Car		Transaction ID: B-S-727 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 29 Broadway		Amount of Each Disbursement this Period 942.76
City Chula Vista State CA Zip Code 91910-1404	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel: rental car Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(10/03/05)

SUBTOTAL of Disbursements This Page (optional) ▶	128.22
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. First Future Credit Union		Transaction ID: B-E-31869 Date of Disbursement 10 / 01 / 2005
Mailing Address PO Box 509074		Amount of Each Disbursement this Period 3774.10
City San Diego State CA Zip Code 92150-9074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tax Deposit Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. First Future Credit Union		Transaction ID: B-E-32296 Date of Disbursement 10 / 24 / 2005
Mailing Address PO Box 509074		Amount of Each Disbursement this Period 10.00
City San Diego State CA Zip Code 92150-9074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Fee Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. First Future Credit Union		Transaction ID: B-E-32809 Date of Disbursement 10 / 31 / 2005
Mailing Address PO Box 509074		Amount of Each Disbursement this Period 3766.07
City San Diego State CA Zip Code 92150-9074	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Tax Deposit Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7550.17
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)

<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)
Bob Filner for Congress

A. First Future Credit Union Full Name (Last, First, Middle Initial) Mailing Address PO Box 509074 City San Diego State CA Zip Code 92150-9074 Purpose of Disbursement Tax Deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-33179 Date of Disbursement 11 / 30 / 2005 Amount of Each Disbursement this Period 4484.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Fry's Electronics Full Name (Last, First, Middle Initial) Mailing Address 9825 Stonecrest Boulevard City San Diego State CA Zip Code 92123-2663 Purpose of Disbursement Administrative/Salary/Overhead: Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-715 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 277.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(10/03/05)
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C. Hertz Full Name (Last, First, Middle Initial) Mailing Address 3202 N Harbor Drive City San Diego State CA Zip Code 92101-1025 Purpose of Disbursement Travel: Car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-714 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 986.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(10/03/05)
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SUBTOTAL of Disbursements This Page (optional) ▶	4484.74
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)

<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)
Bob Filner for Congress

<p>A. Hertz</p> <p>Full Name (Last, First, Middle Initial) Hertz</p> <p>Mailing Address 3202 N Harbor Drive</p> <p>City San Diego State CA Zip Code 92101-1025</p> <p>Purpose of Disbursement Travel: Car rental</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>Transaction ID: B-S-730</p> <p>Date of Disbursement 11 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 316.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(11/02/05)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 002</p>

<p>B. Hertz</p> <p>Full Name (Last, First, Middle Initial) Hertz</p> <p>Mailing Address 3202 N Harbor Drive</p> <p>City San Diego State CA Zip Code 92101-1025</p> <p>Purpose of Disbursement Travel: Car rental</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>Transaction ID: B-S-755</p> <p>Date of Disbursement 12 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 938.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(12/01/05)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 002</p>

<p>C. Holiday Inn on the Bay</p> <p>Full Name (Last, First, Middle Initial) Holiday Inn on the Bay</p> <p>Mailing Address 1355 N Harbor Drive</p> <p>City San Diego State CA Zip Code 92101-3321</p> <p>Purpose of Disbursement Fundraising: catering</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>Transaction ID: B-S-719</p> <p>Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 521.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(10/03/05)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 003</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</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)
Bob Filner for Congress

A. Just Graphix Full Name (Last, First, Middle Initial) Mailing Address: Mary R Van Doren 903 3rd Street City: Ramona State: CA Zip Code: 92065-2065 Purpose of Disbursement: Fundraising: Printing Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-32023 Date of Disbursement: 10 / 03 / 2005 Amount of Each Disbursement this Period: 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Kinko's, Inc. Full Name (Last, First, Middle Initial) Mailing Address: PO Box 530257 City: Atlanta State: GA Zip Code: 30353-0257 Purpose of Disbursement: Administrative/Salary/Overhead: Printing Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-S-724 Date of Disbursement: 10 / 03 / 2005 Amount of Each Disbursement this Period: 214.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(10/03/05)
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C. Kinko's, Inc. Full Name (Last, First, Middle Initial) Mailing Address: PO Box 530257 City: Atlanta State: GA Zip Code: 30353-0257 Purpose of Disbursement: Administrative/Salary/Overhead: Printing Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-32215 Date of Disbursement: 10 / 17 / 2005 Amount of Each Disbursement this Period: 480.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	515.06
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Kinko's, Inc.		Transaction ID: B-S-735 Date of Disbursement 11 / 02 / 2005
Mailing Address PO Box 530257		Amount of Each Disbursement this Period 51.61
City Atlanta State GA Zip Code 30353-0257	Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(11/02/05)

Full Name (Last, First, Middle Initial) B. Kinko's, Inc.		Transaction ID: B-E-33230 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 530257		Amount of Each Disbursement this Period 6.66
City Atlanta State GA Zip Code 30353-0257	Purpose of Disbursement Administrative/Salary/Overhead: Printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Kinko's, Inc.		Transaction ID: B-S-775 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 530257		Amount of Each Disbursement this Period 17.60
City Atlanta State GA Zip Code 30353-0257	Purpose of Disbursement Administrative/Salary/Overhead: list scan Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(12/01/05)

SUBTOTAL of Disbursements This Page (optional)	6.66
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)

<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)
Bob Filner for Congress

A. Laser Saver Full Name (Last, First, Middle Initial) Mailing Address 8451 Miralani Drive Suite M City San Diego State CA Zip Code 92126-4388 Purpose of Disbursement Adminstrative/Salary/Overhead: Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-32016 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 119.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Laser Saver Full Name (Last, First, Middle Initial) Mailing Address 8451 Miralani Drive Suite M City San Diego State CA Zip Code 92126-4388 Purpose of Disbursement Adminstrative/Salary/Overhead: Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-32221 Date of Disbursement 10 / 17 / 2005 Amount of Each Disbursement this Period 39.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Laser Saver Full Name (Last, First, Middle Initial) Mailing Address 8451 Miralani Drive Suite M City San Diego State CA Zip Code 92126-4388 Purpose of Disbursement Adminstrative/Salary/Overhead: Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: B-E-33233 Date of Disbursement 12 / 01 / 2005 Amount of Each Disbursement this Period 109.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	269.75
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)

<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)
Bob Filner for Congress

<p>A. Marie Callenders</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 330 F Street</p> <p>City Chula Vista State CA Zip Code 91910-2604</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Meeting</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>Transaction ID: B-S-751</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(11/02/05)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p>		

<p>B. Marie Callenders</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 330 F Street</p> <p>City Chula Vista State CA Zip Code 91910-2604</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Meeting</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>Transaction ID: B-S-773</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(12/01/05)</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p>		

<p>C. No On 77</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8665 Wilshire Boulevard Suite 306</p> <p>City Beverly Hills State CA Zip Code 90211-2932</p> <p>Purpose of Disbursement Political Contribution: contribution</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>Transaction ID: B-E-32571</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="011"/></p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="25000.00"/></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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: B-S-713 Date of Disbursement 10 / 03 / 2005
Mailing Address 3430 Highland Avenue		Amount of Each Disbursement this Period 490.30
City National City State CA Zip Code 91950-7420	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(10/03/05)

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: B-S-734 Date of Disbursement 11 / 02 / 2005
Mailing Address 3430 Highland Avenue		Amount of Each Disbursement this Period 225.19
City National City State CA Zip Code 91950-7420	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(11/02/05)

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: B-S-753 Date of Disbursement 12 / 01 / 2005
Mailing Address 3430 Highland Avenue		Amount of Each Disbursement this Period 210.96
City National City State CA Zip Code 91950-7420	Purpose of Disbursement Administrative/Salary/Overhead: Supplies Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Citibank Card(12/01/05)

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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: B-E-32217 Date of Disbursement 10 / 17 / 2005
Mailing Address 8520 Tech Way Suite 200		Amount of Each Disbursement this Period 84.64
City San Diego State CA Zip Code 92123-1450	Purpose of Disbursement Administrative/Salary/Overhead: Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: B-E-32539 Date of Disbursement 11 / 02 / 2005
Mailing Address 8520 Tech Way Suite 200		Amount of Each Disbursement this Period 5.50
City San Diego State CA Zip Code 92123-1450	Purpose of Disbursement Administrative/Salary/Overhead: Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. San Diego Mission Bay Hilton		Transaction ID: B-S-743 Date of Disbursement 11 / 02 / 2005
Mailing Address 1775 E Mission Bay Drive		Amount of Each Disbursement this Period 120.00
City San Diego State CA Zip Code 92109-6801	Purpose of Disbursement Fundraising: catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Citibank
Card(11/02/05)

SUBTOTAL of Disbursements This Page (optional) ▶	90.14
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. SDG&E		Transaction ID: B-E-32532 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address PO Box 25111		Amount of Each Disbursement this Period 139.66	
City Santa Ana State CA Zip Code 92799-5111	Purpose of Disbursement Administrative/Salary/Overhead: Utilities Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SDG&E		Transaction ID: B-E-33229 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address PO Box 25111		Amount of Each Disbursement this Period 127.07	
City Santa Ana State CA Zip Code 92799-5111	Purpose of Disbursement Administrative/Salary/Overhead: Utilities Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Shubhayan IT & Corporate Services		Transaction ID: B-E-33108 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 468 N Camden Drive Suite 300		Amount of Each Disbursement this Period 270.00	
City Beverly Hills State CA Zip Code 90210-4507	Purpose of Disbursement Web hosting Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	536.73
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Transaction ID: B-S-754 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 36611		Amount of Each Disbursement this Period 791.10
City Dallas State TX Zip Code 75235-1611	Purpose of Disbursement Travel: airline tickets Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Citibank Card(12/01/05)

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: B-E-32220 Date of Disbursement 10 / 17 / 2005
Mailing Address PO Box 62071		Amount of Each Disbursement this Period 158.68
City Baltimore State MD Zip Code 21264-2071	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: B-E-33049 Date of Disbursement 11 / 16 / 2005
Mailing Address PO Box 62071		Amount of Each Disbursement this Period 164.45
City Baltimore State MD Zip Code 21264-2071	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	323.13
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: B-E-33294	
Mailing Address PO Box 62071		Date of Disbursement 12 / 15 / 2005	
City Baltimore	State MD	Zip Code 21264-2071	Amount of Each Disbursement this Period 88.47
Purpose of Disbursement Administrative/Salary/Overhead: Phone		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: B-S-733	
Mailing Address 1880 Camino De La Reina		Date of Disbursement 11 / 02 / 2005	
City San Diego	State CA	Zip Code 92108-1539	Amount of Each Disbursement this Period 659.24
Purpose of Disbursement Administrative/Salary/Overhead: Supplies		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] Subitemization of Citibank Card(11/02/05)
State: District:			

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B-S-771	
Mailing Address 1880 Camino De La Reina		Date of Disbursement 12 / 01 / 2005	
City San Diego	State CA	Zip Code 92108-1539	Amount of Each Disbursement this Period 83.92
Purpose of Disbursement Administrative/Salary/Overhead: Supplies		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] Subitemization of Citibank Card(12/01/05)
State: District:			

SUBTOTAL of Disbursements This Page (optional)	88.47
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)
Bob Filner for Congress

<p>A. Stella's Catering</p> <p>Full Name (Last, First, Middle Initial) Stella's Catering</p> <p>Mailing Address 365 3rd Avenue</p> <p>City Chula Vista State CA Zip Code 91910-3928</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Catering</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>Transaction ID: B-S-726</p> <p>Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 49.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(10/03/05)</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>B. Tortilla Coast</p> <p>Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1826</p> <p>Purpose of Disbursement Fundraising: Catering</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>Transaction ID: B-S-732</p> <p>Date of Disbursement 11 / 02 / 2005</p> <p>Amount of Each Disbursement this Period 597.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(11/02/05)</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 003</p>

<p>C. U. S. Postmaster</p> <p>Full Name (Last, First, Middle Initial) U. S. Postmaster</p> <p>Mailing Address 11251 Rancho Carmel Drive</p> <p>City San Diego State CA Zip Code 92199-9998</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: 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>Transaction ID: B-S-729</p> <p>Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 1295.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Citibank Card(10/03/05)</p>
<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. U. S. Postmaster		Transaction ID: B-S-739 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 11251 Rancho Carmel Drive		Amount of Each Disbursement this Period 42.66
City San Diego State CA Zip Code 92199-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Shipping	Candidate Name	[MEMO ITEM] Subitemization of Citibank Card(11/02/05)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U. S. Postmaster		Transaction ID: B-S-758 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 11251 Rancho Carmel Drive		Amount of Each Disbursement this Period 169.80
City San Diego State CA Zip Code 92199-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Postage	Candidate Name	[MEMO ITEM] Subitemization of Citibank Card(12/01/05)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U. S. Postmaster		Transaction ID: B-S-761 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 11251 Rancho Carmel Drive		Amount of Each Disbursement this Period 22.70
City San Diego State CA Zip Code 92199-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Postage	Candidate Name	[MEMO ITEM] Subitemization of Citibank Card(12/01/05)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
Bob Filner for Congress

A. Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address Dept. 4820

City Los Angeles State CA Zip Code 90096-4820

Purpose of Disbursement
Administrative/Salary/Overhead: Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-757

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

13.11

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

[MEMO ITEM]

Subitemization of Citibank Card(12/01/05)

B. Full Name (Last, First, Middle Initial)
Uptown Computers, Inc

Mailing Address 3318 5th Avenue

City San Diego State CA Zip Code 92103-5713

Purpose of Disbursement
Administrative/Salary/Overhead: Repair

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-716

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

219.52

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

[MEMO ITEM]

Subitemization of Citibank Card(10/03/05)

C. Full Name (Last, First, Middle Initial)
Uptown Computers, Inc

Mailing Address 3318 5th Avenue

City San Diego State CA Zip Code 92103-5713

Purpose of Disbursement
Administrative/Salary/Overhead: equipment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-762

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

197.02

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

[MEMO ITEM]

Subitemization of Citibank Card(12/01/05)

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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: B-E-32018 Date of Disbursement 10 / 03 / 2005
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 40.97
City Beltsville State MD Zip Code 20704-1915	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: B-E-32538 Date of Disbursement 11 / 02 / 2005
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 46.04
City Beltsville State MD Zip Code 20704-1915	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: B-E-33223 Date of Disbursement 12 / 01 / 2005
Mailing Address PO Box 1915		Amount of Each Disbursement this Period 42.20
City Beltsville State MD Zip Code 20704-1915	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	129.21
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)
Bob Filner for Congress

<p>A. Will Copy & Print</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1025 W Laurel Street Suite 104</p> <p>City San Diego State CA Zip Code 92101-1254</p> <p>Purpose of Disbursement Fundraising: Printing</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B-E-32223 Date of Disbursement 10 / 17 / 2005</p> <p>Amount of Each Disbursement this Period 782.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Working Assets</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p> <p>City Mechanicsburg State PA Zip Code 17055-0971</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Phone</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B-E-32020 Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 50.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Working Assets</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p> <p>City Mechanicsburg State PA Zip Code 17055-0971</p> <p>Purpose of Disbursement Administrative/Salary/Overhead: Phone</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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B-E-32022 Date of Disbursement 10 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 8.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>841.74</p>
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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)

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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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Working Assets		Transaction ID: B-E-32024 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 137.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Working Assets		Transaction ID: B-E-32214 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 137.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Working Assets		Transaction ID: B-E-32226 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address PO Box 2041		Amount of Each Disbursement this Period 43.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mechanicsburg State PA Zip Code 17055-0971	Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	318.32
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Working Assets		Transaction ID: B-E-32535 Date of Disbursement																					
Mailing Address PO Box 2041		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	5														
City Mechanicsburg	State PA	Zip Code 17055-0971																					
Purpose of Disbursement Administrative/Salary/Overhead: Phone		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Working Assets		Transaction ID: B-E-32537 Date of Disbursement																					
Mailing Address PO Box 2041		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	2		2	0	0	5														
City Mechanicsburg	State PA	Zip Code 17055-0971																					
Purpose of Disbursement Administrative/Salary/Overhead: Phone		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Working Assets		Transaction ID: B-E-33044 Date of Disbursement																					
Mailing Address PO Box 2041		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	6		2	0	0	5														
City Mechanicsburg	State PA	Zip Code 17055-0971																					
Purpose of Disbursement Administrative/Salary/Overhead: Phone		<table border="1"> <tr> <td>001</td> </tr> </table>		001																			
001																							
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	192.48
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)
Bob Filner for Congress

<p>A. Working Assets</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p>		<p>Transaction ID: B-E-33107 Date of Disbursement 11 / 18 / 2005</p>
<p>City Mechanicsburg State PA Zip Code 17055-0971</p>	<p>Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name</p>	<p>Amount of Each Disbursement this Period 43.43</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>B. Working Assets</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p>		<p>Transaction ID: B-E-33235 Date of Disbursement 12 / 01 / 2005</p>
<p>City Mechanicsburg State PA Zip Code 17055-0971</p>	<p>Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name</p>	<p>Amount of Each Disbursement this Period 50.40</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>C. Working Assets</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 2041</p>		<p>Transaction ID: B-E-33236 Date of Disbursement 12 / 01 / 2005</p>
<p>City Mechanicsburg State PA Zip Code 17055-0971</p>	<p>Purpose of Disbursement Administrative/Salary/Overhead: Phone Candidate Name</p>	<p>Amount of Each Disbursement this Period 9.36</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</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>103.19</p>
<p>TOTAL This Period (last page this line number only)</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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Young & Young		Transaction ID: B-E-32013 Date of Disbursement 10 / 03 / 2005
Mailing Address 539 Telegraph Canyon Road PMB 308		Amount of Each Disbursement this Period 500.00
City Chula Vista State CA Zip Code 91910-6436	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Young & Young		Transaction ID: B-E-32531 Date of Disbursement 11 / 02 / 2005
Mailing Address 539 Telegraph Canyon Road PMB 308		Amount of Each Disbursement this Period 500.00
City Chula Vista State CA Zip Code 91910-6436	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Young & Young		Transaction ID: B-E-33224 Date of Disbursement 12 / 01 / 2005
Mailing Address 539 Telegraph Canyon Road PMB 308		Amount of Each Disbursement this Period 500.00
City Chula Vista State CA Zip Code 91910-6436	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Young & Young		Transaction ID: B-E-33263 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5
Mailing Address 539 Telegraph Canyon Road PMB 308		Amount of Each Disbursement this Period 1200.00
City Chula Vista State CA Zip Code 91910-6436	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Rent		Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Jacob Colker		Transaction ID: B-E-31870 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 5
Mailing Address 413 5th Street SE		Amount of Each Disbursement this Period 1546.95
City Washington State DC Zip Code 20003-2052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: salary		Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Jacob Colker		Transaction ID: B-E-31963 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 413 5th Street SE		Amount of Each Disbursement this Period 120.20
City Washington State DC Zip Code 20003-2052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel/supplies		Category/Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2867.15
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)
Bob Filner for Congress

A. Jacob Colker Full Name (Last, First, Middle Initial) Mailing Address 413 5th Street SE City Washington State DC Zip Code 20003-2052 Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-32803 Date of Disbursement 10 / 31 / 2005 Amount of Each Disbursement this Period 1546.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Bob Filner Full Name (Last, First, Middle Initial) Mailing Address PO Box 127868 City San Diego State CA Zip Code 92112-7868 Purpose of Disbursement Hostess Gift Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-32009 Date of Disbursement 10 / 03 / 2005 Amount of Each Disbursement this Period 33.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Laura K Fink Full Name (Last, First, Middle Initial) Mailing Address 3364 6th Avenue Apt. 221 City San Diego State CA Zip Code 92103-5778 Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-31871 Date of Disbursement 10 / 01 / 2005 Amount of Each Disbursement this Period 2239.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3820.49
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Laura K Fink		Transaction ID: B-E-32218 Date of Disbursement 10 / 17 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 141.76
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Laura K Fink		Transaction ID: B-E-32805 Date of Disbursement 10 / 31 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 2239.59
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Laura K Fink		Transaction ID: B-E-32529 Date of Disbursement 11 / 02 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 81.78
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2463.13
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Laura K Fink		Transaction ID: B-E-33173 Date of Disbursement 11 / 30 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 2239.59
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Laura K Fink		Transaction ID: B-E-33291 Date of Disbursement 12 / 15 / 2005
Mailing Address 3364 6th Avenue Apt. 221		Amount of Each Disbursement this Period 244.21
City San Diego State CA Zip Code 92103-5778	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Margret Hernandez		Transaction ID: B-E-31872 Date of Disbursement 10 / 01 / 2005
Mailing Address 831 G Avenue		Amount of Each Disbursement this Period 1810.72
City Coronado State CA Zip Code 92118-2519	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4294.52
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Margret Hernandez		Transaction ID: B-E-32806 Date of Disbursement 10 / 31 / 2005
Mailing Address 831 G Avenue		Amount of Each Disbursement this Period 1810.72
City Coronado State CA Zip Code 92118-2519	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Margret Hernandez		Transaction ID: B-E-32528 Date of Disbursement 11 / 02 / 2005
Mailing Address 831 G Avenue		Amount of Each Disbursement this Period 86.38
City Coronado State CA Zip Code 92118-2519	Purpose of Disbursement Administrative/Salary/Overhead: supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Margret Hernandez		Transaction ID: B-E-33174 Date of Disbursement 11 / 30 / 2005
Mailing Address 831 G Avenue		Amount of Each Disbursement this Period 1810.72
City Coronado State CA Zip Code 92118-2519	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3707.82
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)
Bob Filner for Congress

A. Margret Hernandez Full Name (Last, First, Middle Initial) Mailing Address 831 G Avenue City Coronado State CA Zip Code 92118-2519 Purpose of Disbursement Travel: mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-33299 Date of Disbursement 12 / 15 / 2005 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Elena Elizabeth Hollowell Full Name (Last, First, Middle Initial) Mailing Address 1382 Valencia Loop City Chula Vista State CA Zip Code 91910-6841 Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-33175 Date of Disbursement 11 / 30 / 2005 Amount of Each Disbursement this Period 1903.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Benjamin K Kalish Full Name (Last, First, Middle Initial) Mailing Address 2019 Coachmans Trail City South Bend State IN Zip Code 46637-4923 Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-33176 Date of Disbursement 11 / 30 / 2005 Amount of Each Disbursement this Period 1656.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3609.84
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Benjamin K Kalish		Transaction ID: B-E-33226 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5
Mailing Address 2019 Coachmans Trail		Amount of Each Disbursement this Period 107.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Bend State IN Zip Code 46637-4923	Purpose of Disbursement Travel: expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Zandra Melendrez		Transaction ID: B-E-31873 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 5
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 1106.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Zandra Melendrez		Transaction ID: B-E-32807 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 1106.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Administrative/Salary/Overhead: salary Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2320.72
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)

<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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Zandra Melendrez		Transaction ID: B-E-33047 Date of Disbursement 11 / 16 / 2005
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 150.00
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Travel: housing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Zandra Melendrez		Transaction ID: B-E-33177 Date of Disbursement 11 / 30 / 2005
Mailing Address 1112 Red Maple Drive		Amount of Each Disbursement this Period 1106.42
City Chula Vista State CA Zip Code 91910-6767	Purpose of Disbursement Administrative/Salary/Overhead: Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Sara Meza		Transaction ID: B-E-32010 Date of Disbursement 10 / 03 / 2005
Mailing Address 5252 Olvera Avenue		Amount of Each Disbursement this Period 100.00
City San Diego State CA Zip Code 92114-5214	Purpose of Disbursement housekeeping Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1356.42
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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Sara Meza		Transaction ID: B-E-33225 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address 5252 Olvera Avenue		Amount of Each Disbursement this Period 100.00	
City San Diego State CA Zip Code 92114-5214	Purpose of Disbursement housekeeping	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Francisco Salazar		Transaction ID: B-E-31874 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 5	
Mailing Address 850 Dool Avenue		Amount of Each Disbursement this Period 2935.20	
City Calexico State CA Zip Code 92231-2516	Purpose of Disbursement Administrative/Salary/Overhead: salary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Francisco Salazar		Transaction ID: B-E-32219 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5	
Mailing Address 850 Dool Avenue		Amount of Each Disbursement this Period 136.00	
City Calexico State CA Zip Code 92231-2516	Purpose of Disbursement supplies,mileage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3171.20
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)
Bob Filner for Congress

<p>A. Full Name (Last, First, Middle Initial) Francisco Salazar</p>		<p>Transaction ID: B-E-32808 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		3	1		2	0	0	5													
<p>Mailing Address 850 Dool Avenue</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2935.20</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	2935.20																			
2935.20																						
<p>City Calexico State CA Zip Code 92231-2516</p>	<p>Purpose of Disbursement Adminstrative/Salary/Overhead: salary Candidate Name</p> <p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>B. Full Name (Last, First, Middle Initial) Francisco Salazar</p>		<p>Transaction ID: B-E-33043 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	6		2	0	0	5													
<p>Mailing Address 850 Dool Avenue</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>221.29</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	221.29																			
221.29																						
<p>City Calexico State CA Zip Code 92231-2516</p>	<p>Purpose of Disbursement supplies,mileage Candidate Name</p> <p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>C. Full Name (Last, First, Middle Initial) Francisco Salazar</p>		<p>Transaction ID: B-E-33178 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		3	0		2	0	0	5													
<p>Mailing Address 850 Dool Avenue</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2935.20</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	2935.20																			
2935.20																						
<p>City Calexico State CA Zip Code 92231-2516</p>	<p>Purpose of Disbursement Adminstrative/Salary/Overhead: Salary Candidate Name</p> <p>Category/Type 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6091.69</p>
<p>TOTAL This Period (last page this line number only)</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)
Bob Filner for Congress

Full Name (Last, First, Middle Initial) A. Francisco Salazar		Transaction ID: B-E-33300 Date of Disbursement 12 / 15 / 2005
Mailing Address 850 Dool Avenue		Amount of Each Disbursement this Period 149.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Calexico State CA Zip Code 92231-2516	Purpose of Disbursement supplies,mileage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dave Wallack		Transaction ID: B-E-32011 Date of Disbursement 10 / 03 / 2005
Mailing Address 3306 Donna Drive		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carlsbad State CA Zip Code 92008-2011	Purpose of Disbursement Fundraising: Consultant Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dave Wallack		Transaction ID: B-E-32527 Date of Disbursement 11 / 02 / 2005
Mailing Address 3306 Donna Drive		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carlsbad State CA Zip Code 92008-2011	Purpose of Disbursement Fundraising: Consultant Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	8149.08
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)
Bob Filner for Congress

A. Dave Wallack Full Name (Last, First, Middle Initial) Mailing Address 3306 Donna Drive City Carlsbad State CA Zip Code 92008-2011 Purpose of Disbursement Fundraising: Consultant Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-33227 Date of Disbursement 12 / 01 / 2005 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Brian Walsworth Full Name (Last, First, Middle Initial) Mailing Address 405 10th Street NE Apt. 311 City Washington State DC Zip Code 20002-6145 Purpose of Disbursement Other: Research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-32227 Date of Disbursement 10 / 18 / 2005 Amount of Each Disbursement this Period 7000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Brian Walsworth Full Name (Last, First, Middle Initial) Mailing Address 405 10th Street NE Apt. 311 City Washington State DC Zip Code 20002-6145 Purpose of Disbursement Other: Research Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B-E-32526 Date of Disbursement 11 / 02 / 2005 Amount of Each Disbursement this Period 8500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	19500.00
TOTAL This Period (last page this line number only) ▶	137983.48

Image# 26950466988

Form/Schedule: **F3A**

To correct bookkeeping errors.

Transaction ID:
