

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than 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

PAC For a Change

ADDRESS (number and street) 777 S. Figueroa Street, Ste. 4050

Check if different than previously reported. (ACC)

Los Angeles CA 90017

2. **FEC IDENTIFICATION NUMBER** C00342048

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

|                                      |                                      |                                       |   |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12)<br>(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                              |

(c) 12-Day **PRE-Election** Report for the:

|   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

|  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sim Farar

Signature of Treasurer Electronically Filed by Sim Farar Date 04 13 2007

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

|                 |  |  |  |  |  |  |  |  |  |  |  |                                      |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|
| Office Use Only |  |  |  |  |  |  |  |  |  |  |  | <b>FEC FORM 3X</b><br>(Rev. 02/2003) |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
PAC For a Change

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 460520.49 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 460520.49               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 63965.50                | 63965.50                          |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 524485.99               | 524485.99                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 98117.63                | 98117.63                          |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 426368.36               | 426368.36                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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  
PAC For a Change

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 16750.00                      | 16750.00                          |
| (i) Itemized (use Schedule A) .....  | 8415.50                       | 8415.50                           |
| (ii) Unitemized .....  | 25165.50                      | 25165.50                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 25165.50                      | 25165.50                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 38205.45                      | 38205.45                          |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 594.55                        | 594.55                            |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 63965.50                      | 63965.50                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 63965.50                      | 63965.50                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                                       |   |
| (i) Federal Share.....  | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....   | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....   | 70117.63                              | 70117.63                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 70117.63                              | 70117.63                                  |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 28000.00                              | 28000.00                                  |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....   | 0.00                                  | 0.00                                      |
| 27. Loans Made.....   | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                                  | 0.00                                      |
| (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 28(a), (b), and (c)) .....                            | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....  | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)   |                                       |   |
| (i) Federal Share .....   | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....  | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 98117.63                              | 98117.63                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 98117.63                              | 98117.63                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 25165.50                      | 25165.50                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 25165.50                      | 25165.50                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 70117.63                      | 70117.63                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 38205.45                      | 38205.45                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 31912.18                      | 31912.18                          |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 30                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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)  
PAC For a Change

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John Cawley</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 7 |  |
| Mailing Address 975 Grove St.   |  | <b>Transaction ID: C29732</b>                                 |  |
| City State Zip Code<br>San Francisco CA 94117   |  | Amount of Each Receipt this Period<br>500.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Pacific Gourmet Inc. Occupation Food Distributor   |  |   |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher Cooke</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7 |  |
| Mailing Address 10 Capra Way Apt. 301   |  | <b>Transaction ID: C29692</b>                                 |  |
| City State Zip Code<br>San Francisco CA 94123   |  | Amount of Each Receipt this Period<br>500.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Cotchett, Pitre & McCarthy Occupation Pilot  |  |   |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Joseph W. Cotchett</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 7 |  |
| Mailing Address 840 Malcolm Road  |  | <b>Transaction ID: C29693</b>                                 |  |
| City State Zip Code<br>Burlingame CA 94010-1401   |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Cotchett, Pitre, Simon, & McCarthy Occupation Attorney   |  |   |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 30                  |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Nancy L. Fineman   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2007 |  |
| Mailing Address 1352 Drake Avenue   |   | <b>Transaction ID:</b> C29695                            |  |
| City State Zip Code<br>Burlingame CA 94010  | Amount of Each Receipt this Period<br>5000.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>Self Employed   | Occupation<br>Attorney                        |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Dean Martucci  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>01 / 18 / 2007 |  |
| Mailing Address 64 Valley View Court  |  | <b>Transaction ID:</b> C29760                            |  |
| City State Zip Code<br>San Mateo CA 94402   | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>Self-employed   | Occupation<br>Tech Sales                     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Nanci Nishimura  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2007 |  |
| Mailing Address 230 W. Fifth Ave., #103   |   | <b>Transaction ID:</b> C29694                            |  |
| City State Zip Code<br>San Mateo CA 94402   | Amount of Each Receipt this Period<br>5000.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>Self Employed   | Occupation<br>Attorney                        |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |  |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |                              |                              |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 8 / 30                 |                             |
|  | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

**A.** Full Name (Last, First, Middle Initial)  
Janice Lynn Temple

Mailing Address 455 Ocean View Avenue

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Encinitas | CA    | 92024-2627 |

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

|  |            |
|--|------------|
| Name of Employer Information Requested | Occupation |
|  | Researcher |

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: C29804

Amount of Each Receipt this Period  
500.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 16750.00 |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 / 30                  |
|  | (check only one)             |                              |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input checked="" type="checkbox"/> 15                                       | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

**A.** Full Name (Last, First, Middle Initial)  
Friends of Barbara Boxer

Mailing Address 777 S. Figueroa St.  
Suite 4050

City State Zip Code  
Los Angeles CA 90017

FEC ID number of contributing federal political committee. **C** C00279315

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
38205.45

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: C29690

Amount of Each Receipt this Period  
38205.45

List Rental

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 38205.45 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 38205.45 |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 / 30 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Merrill Lynch  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 3 1 / 2 0 0 7 |
| Mailing Address 1325 Franklin Avenue  |  | <b>Transaction ID:</b> C29697                                   |
| City State Zip Code<br>Garden City NY 11530   | Amount of Each Receipt this Period<br>197.33 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer Occupation   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>594.55           | Interest  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Merrill Lynch  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 2 / 2 8 / 2 0 0 7 |
| Mailing Address 1325 Franklin Avenue  |  | <b>Transaction ID:</b> C29698                                   |
| City State Zip Code<br>Garden City NY 11530   | Amount of Each Receipt this Period<br>191.35 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer Occupation   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>594.55           | Interest  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Merrill Lynch  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 3 / 3 1 / 2 0 0 7 |
| Mailing Address 1325 Franklin Avenue  |  | <b>Transaction ID:</b> C29699                                   |
| City State Zip Code<br>Garden City NY 11530   | Amount of Each Receipt this Period<br>205.87 |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |
| Name of Employer Occupation   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>594.55           | Interest  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 594.55 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 594.55 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Articulated Man, Inc.</b>   |                   | <b>Transaction ID: D2256</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 7 |
| Mailing Address 1508 W. Sunnyside Avenue   |                   | Amount of Each Disbursement this Period<br>115.00  |
| City Chicago State IL Zip Code 60640   | Category/<br>Type |  |
| Purpose of Disbursement<br>PAC Website services  |                   |  |
| Candidate Name   |                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                   |  |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Articulated Man, Inc.</b>   |                   | <b>Transaction ID: D2257</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 7 / 2 0 0 7 |
| Mailing Address 1508 W. Sunnyside Avenue   |                   | Amount of Each Disbursement this Period<br>115.00  |
| City Chicago State IL Zip Code 60640   | Category/<br>Type |  |
| Purpose of Disbursement<br>PAC Website services  |                   |  |
| Candidate Name   |                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                   |  |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Articulated Man, Inc.</b>   |                   | <b>Transaction ID: D2293</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 1508 W. Sunnyside Avenue   |                   | Amount of Each Disbursement this Period<br>115.00  |
| City Chicago State IL Zip Code 60640   | Category/<br>Type |  |
| Purpose of Disbursement<br>PAC Website services  |                   |  |
| Candidate Name   |                   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |                   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 345.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Blackrock Associates, LLC</b>   |  | <b>Transaction ID: D2258</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 7 |
| Mailing Address 1072 Jackson Street  |  | Amount of Each Disbursement this Period<br>3159.50   |
| City San Francisco State CA Zip Code 94133   | Category/<br>Type  |  |
| Purpose of Disbursement<br>PAC Website Maintenance   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Blackrock Associates, LLC</b>   |  | <b>Transaction ID: D2259</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 7 |
| Mailing Address 1072 Jackson Street  |  | Amount of Each Disbursement this Period<br>3817.15   |
| City San Francisco State CA Zip Code 94133   | Category/<br>Type  |  |
| Purpose of Disbursement<br>PAC Website Maintenance   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Blackrock Associates, LLC</b>   |  | <b>Transaction ID: D2295</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 7 |
| Mailing Address 1072 Jackson Street  |  | Amount of Each Disbursement this Period<br>3511.80   |
| City San Francisco State CA Zip Code 94133   | Category/<br>Type  |  |
| Purpose of Disbursement<br>PAC Website Maintenance   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 10488.45    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Blackrock Associates, LLC</b>   |  | <b>Transaction ID: D2294</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 7 |
| Mailing Address 1072 Jackson Street  |  | Amount of Each Disbursement this Period<br>27086.21  |
| City San Francisco State CA Zip Code 94133   | Purpose of Disbursement<br>PAC Website Maintenance   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2265</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>12.50   |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Merchant Fees   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2263</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 0 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>36.61   |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Merchant Fees   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 27135.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2262</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>52.50   |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Merchant Fees<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2266</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 2 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>145.06  |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Merchant Fees<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2299</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>37.50   |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Merchant Fees<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 235.06 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. California Bank &amp; Trust</b>   |  | <b>Transaction ID:</b> D2301<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 2 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>98.14  |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Merchant Fees<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Douglas Boxer &amp; Associates</b>  |  | <b>Transaction ID:</b> D2268<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 1 / 2 0 0 7 |
| Mailing Address 854 Longridge Road   |  | Amount of Each Disbursement this Period<br>5000.00  |
| City Oakland State CA Zip Code 94610   | Purpose of Disbursement<br>PAC Political Consulting Fees<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Douglas Boxer &amp; Associates</b>  |  | <b>Transaction ID:</b> D2269<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 7 |
| Mailing Address 854 Longridge Road   |  | Amount of Each Disbursement this Period<br>4000.00  |
| City Oakland State CA Zip Code 94610   | Purpose of Disbursement<br>PAC Political Consulting Fees<br>Candidate Name   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 9098.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Douglas Boxer &amp; Associates</b>  |   | <b>Transaction ID: D2303</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 7 |
| Mailing Address 854 Longridge Road   |   | Amount of Each Disbursement this Period<br>6000.00   |
| City Oakland State CA Zip Code 94610   |   |  |
| Purpose of Disbursement<br>PAC Political Consulting Fees   | Category/<br>Type   |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Franchise Tax Board</b>   |   | <b>Transaction ID: D2305</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 2 / 2 0 0 7 |
| Mailing Address PO Box 942857  |   | Amount of Each Disbursement this Period<br>686.00  |
| City Sacramento State CA Zip Code 94257-0501   |   |  |
| Purpose of Disbursement<br>Income Tax Payment  | Category/<br>Type   |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Get Active Software, Inc.</b>   |   | <b>Transaction ID: D2272</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 6 / 2 0 0 7 |
| Mailing Address 2855 Telegraph Avenue, Suite 600   |   | Amount of Each Disbursement this Period<br>1600.00   |
| City Berkeley State CA Zip Code 94705  |   |  |
| Purpose of Disbursement<br>PAC Website Maintenance   | Category/<br>Type   |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 8286.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Get Active Software, Inc.</b>   |  | <b>Transaction ID: D2271</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 7 |
| Mailing Address 2855 Telegraph Avenue, Suite 600   |  | Amount of Each Disbursement this Period<br>1600.00   |
| City Berkeley State CA Zip Code 94705  |  |  |
| Purpose of Disbursement PAC Website Maintenance<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Get Active Software, Inc.</b>   |  | <b>Transaction ID: D2306</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 2855 Telegraph Avenue, Suite 600   |  | Amount of Each Disbursement this Period<br>1600.00   |
| City Berkeley State CA Zip Code 94705  |  |  |
| Purpose of Disbursement PAC Website Maintenance<br>Candidate Name  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Internal Revenue Service</b>  |  | <b>Transaction ID: D2325</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 2 / 2 0 0 7 |
| Mailing Address 1973 N. Rulon White Blvd.  |  | Amount of Each Disbursement this Period<br>2657.00   |
| City Ogden State UT Zip Code 84404   |  |  |
| Purpose of Disbursement Income Tax Payment<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5857.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) 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"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kaufman Downing LLP</b>   |  | <b>Transaction ID: D2277</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 7 |
| Mailing Address 777 S. Figueroa Street, Suite 4050   |  | Amount of Each Disbursement this Period<br>498.00  |
| City Los Angeles State CA Zip Code 90017-5864  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Legal & Treasury Fees   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kaufman Downing LLP</b>   |  | <b>Transaction ID: D2276</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 7 |
| Mailing Address 777 S. Figueroa Street, Suite 4050   |  | Amount of Each Disbursement this Period<br>128.35  |
| City Los Angeles State CA Zip Code 90017-5864  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Legal & Treasury Expenses   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kaufman Downing LLP</b>   |  | <b>Transaction ID: D2308</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address 777 S. Figueroa Street, Suite 4050   |  | Amount of Each Disbursement this Period<br>20.99   |
| City Los Angeles State CA Zip Code 90017-5864  | Category/<br>Type  |  |
| Purpose of Disbursement<br>Legal & Treasury Expenses   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 647.34 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kaufman Downing LLP</b>   |  | <b>Transaction ID: D2311</b><br>Date of Disbursement<br>03 / 07 / 2007 |
| Mailing Address 777 S. Figueroa Street, Suite 4050   |  | Amount of Each Disbursement this Period<br>2112.00                     |
| City Los Angeles State CA Zip Code 90017-5864  | Purpose of Disbursement<br>Legal & Treasury Fees   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kaufman Downing LLP</b>   |  | <b>Transaction ID: D2309</b><br>Date of Disbursement<br>03 / 28 / 2007 |
| Mailing Address 777 S. Figueroa Street, Suite 4050   |  | Amount of Each Disbursement this Period<br>154.00                      |
| City Los Angeles State CA Zip Code 90017-5864  | Purpose of Disbursement<br>Legal & Treasury Fees   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kaufman Downing LLP</b>   |  | <b>Transaction ID: D2310</b><br>Date of Disbursement<br>03 / 28 / 2007 |
| Mailing Address 777 S. Figueroa Street, Suite 4050   |  | Amount of Each Disbursement this Period<br>.39                         |
| City Los Angeles State CA Zip Code 90017-5864  | Purpose of Disbursement<br>Legal & Treasury Expenses   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2266.39 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. L.A. Watts Times, Inc.</b>  |  | <b>Transaction ID: D2312</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 7 |  |
| Mailing Address 3540 Wilshire Blvd. PH 3   |  | Amount of Each Disbursement this Period<br>250.00  |  |
| City Los Angeles<br>State CA<br>Zip Code 90010   | Purpose of Disbursement<br>Advertisement<br>Candidate Name   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. L.A. Watts Times, Inc.</b>  |  | <b>Transaction ID: D2324</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 8 / 2 0 0 7 |  |
| Mailing Address 3540 Wilshire Blvd. PH 3   |  | Amount of Each Disbursement this Period<br>250.00  |  |
| City Los Angeles<br>State CA<br>Zip Code 90010   | Purpose of Disbursement<br>Advertisement<br>Candidate Name   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gloria Littman</b>  |  | <b>Transaction ID: D2273</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 1 / 2 0 0 7 |  |
| Mailing Address 109 Croyden Ct.  |  | Amount of Each Disbursement this Period<br>525.00  |  |
| City Albertson<br>State NY<br>Zip Code 11507-2207  | Purpose of Disbursement<br>Accounting Services<br>Candidate Name   | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1025.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|   |                  |  |
|---|------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gloria Littman</b>   |                  | <b>Transaction ID: D2274</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 7                                   |
| Mailing Address 109 Croyden Ct.   |                  | Amount of Each Disbursement this Period<br>600.00  |
| City<br>Albertson   | State<br>NY      |  |
| Zip Code<br>11507-2207  |                  | Category/<br>Type  |
| Purpose of Disbursement<br>Accounting Services  |                  |  |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |

|   |                  |  |
|---|------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gloria Littman</b>   |                  | <b>Transaction ID: D2307</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 7                                   |
| Mailing Address 109 Croyden Ct.   |                  | Amount of Each Disbursement this Period<br>300.00  |
| City<br>Albertson   | State<br>NY      |  |
| Zip Code<br>11507-2207  |                  | Category/<br>Type  |
| Purpose of Disbursement<br>Accounting Services  |                  |  |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |

|   |                  |  |
|---|------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon Wireless</b>   |                  | <b>Transaction ID: D2289</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 7                                   |
| Mailing Address P.O. Box 2167   |                  | Amount of Each Disbursement this Period<br>76.75   |
| City<br>Folsom  | State<br>CA      |  |
| Zip Code<br>95763-2167  |                  | Category/<br>Type  |
| Purpose of Disbursement<br>Cellular Services  |                  |  |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |

|  |        |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 976.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 22 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>  |  | <b>Transaction ID: D2288</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 2167  |  | Amount of Each Disbursement this Period<br>76.75   |
| City Folsom State CA Zip Code 95763-2167   | Purpose of Disbursement<br>Cellular Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |  | <b>Transaction ID: D2323</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 2167  |  | Amount of Each Disbursement this Period<br>76.75   |
| City Folsom State CA Zip Code 95763-2167   | Purpose of Disbursement<br>Cellular Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |  | <b>Transaction ID: D2283</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 1 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>27.10   |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement<br>Telephone Services<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 180.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3X) 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"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>   |  | <b>Transaction ID: D2286</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 7 |  |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>139.41  |  |
| City Albany<br>State NY<br>Zip Code 22500  | Purpose of Disbursement<br>Telephone Services<br>Candidate Name  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>   |  | <b>Transaction ID: D2284</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 6 / 2 0 0 7 |  |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>23.07   |  |
| City Albany<br>State NY<br>Zip Code 22500  | Purpose of Disbursement<br>Telephone Services<br>Candidate Name  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |  | <b>Transaction ID: D2281</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 7 |  |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>118.75  |  |
| City Albany<br>State NY<br>Zip Code 22500  | Purpose of Disbursement<br>Telephone Services<br>Candidate Name  | Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 281.23 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>   |  | <b>Transaction ID: D2280</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>145.22  |
| City Albany State NY Zip Code 22500  | Category/<br>Type  |  |
| Purpose of Disbursement Telephone Services   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>   |  | <b>Transaction ID: D2287</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>27.20   |
| City Albany State NY Zip Code 22500  | Category/<br>Type  |  |
| Purpose of Disbursement Telephone Services   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |  | <b>Transaction ID: D2285</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>23.07   |
| City Albany State NY Zip Code 22500  | Category/<br>Type  |  |
| Purpose of Disbursement Telephone Services   |  |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 195.49 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>   |  | <b>Transaction ID: D2282</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 7 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>150.70  |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement Telephone Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>   |  | <b>Transaction ID: D2321</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>26.51   |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement Telephone Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |  | <b>Transaction ID: D2322</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 7 |
| Mailing Address P.O. Box 1100  |  | Amount of Each Disbursement this Period<br>143.48  |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement Telephone Services<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 320.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>   |   | <b>Transaction ID: D2320</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 2 / 2 0 0 7                                |
| Mailing Address P.O. Box 1100  |   | Amount of Each Disbursement this Period<br>23.07  |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement Telephone Services<br>Candidate Name<br>Category/Type |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>   |   | <b>Transaction ID: D2319</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 2 / 2 0 0 7                                |
| Mailing Address P.O. Box 1100  |   | Amount of Each Disbursement this Period<br>124.65   |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement Telephone Services<br>Candidate Name<br>Category/Type |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>   |   | <b>Transaction ID: D2318</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 7                                |
| Mailing Address P.O. Box 1100  |   | Amount of Each Disbursement this Period<br>26.80  |
| City Albany State NY Zip Code 22500  | Purpose of Disbursement Telephone Services<br>Candidate Name<br>Category/Type |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 174.52 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
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"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2264</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>198.00  |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Credit Card Payment-No itemization nec.   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2298</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 7 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>1527.01   |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Credit Card Payment-See Memo Item Below   |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dell Marketing Co</b>   |  | <b>Transaction ID: D2302</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 7 |
| Mailing Address One Dell Way   |  | Amount of Each Disbursement this Period<br>1527.01   |
| City Round Rock State TX Zip Code 78682  | Purpose of Disbursement<br>Computer Equipment  |  |
| Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1725.01 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 30

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. California Bank &amp; Trust</b>   |  | <b>Transaction ID: D2300</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2007 |
| Mailing Address 550 S. Hope Street, #100   |  | Amount of Each Disbursement this Period<br>472.40   |
| City Los Angeles State CA Zip Code 90071   | Purpose of Disbursement<br>Credit Card Payment-See Memo Item Below   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Airlines</b>   |  | <b>Transaction ID: D2316</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2007 |
| Mailing Address 10330 Friars Road, #113  |  | Amount of Each Disbursement this Period<br>300.00   |
| City San Diego State CA Zip Code 92120-2300  | Purpose of Disbursement<br>Airfare   |   |
| Candidate Name   | Category/Type  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b>  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 472.40   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 69710.39 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 30

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Senatorial Campaign Committee</b>  |  | <b>Transaction ID: D2267</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 7 |
| Mailing Address 120 Maryland Ave. NE   |  | Amount of Each Disbursement this Period<br>15000.00  |
| City Washington State DC Zip Code 20002  |  |  |
| Purpose of Disbursement Contribution<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Hafen for Congress</b>   |  | <b>Transaction ID: D2327</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 6 / 2 0 0 7 |
| Mailing Address PO Box 530996   |  | Amount of Each Disbursement this Period<br>-2000.00  |
| City Henderson State NV Zip Code 89053  |  |  |
| Purpose of Disbursement Check Voided<br>Candidate Name Tessa Hafen  | Category/Type  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hillary Clinton for President Exploratory</b>  |  | <b>Transaction ID: D2275</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 7 / 2 0 0 7 |
| Mailing Address 1717 K Street N.W. Suite 1001   |  | Amount of Each Disbursement this Period<br>5000.00   |
| City Washington State DC Zip Code 20036   |  |  |
| Purpose of Disbursement Contribution<br>Candidate Name Hillary Clinton  | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President<br>State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 18000.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
PAC For a Change

**A.** Full Name (Last, First, Middle Initial)  
Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement Contribution

Candidate Name Mark Pryor

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: AR District: 00

**Transaction ID:** D2278

Date of Disbursement

01 / 09 / 2007

Amount of Each Disbursement this Period

5000.00

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
Tim Johnson for South Dakota, Inc.

Mailing Address PO Box 1859

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution

Candidate Name Tim Johnson

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: SD District: 00

**Transaction ID:** D2326

Date of Disbursement

03 / 12 / 2007

Amount of Each Disbursement this Period

5000.00

Category/Type

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 10000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 28000.00 |