

SIGNATURE OF CANDIDATE/ENDORSEMENT OFFICER: [Signature]

SIGNATURE OF TREASURER: [Signature]

SIGNATURE OF CANDIDATE/ENDORSEMENT OFFICER: [Signature]

COMMITTEE INFORMATION: COMMITTEE NAME, ADDRESS, CITY, STATE, ZIP CODE, VEEY CODE, PHONE, I.D. NUMBER.

COMMITTEE INFORMATION: COMMITTEE NAME, ADDRESS, CITY, STATE, ZIP CODE, VEEY CODE, PHONE, I.D. NUMBER.

Other Committees Not Included in this Statement:

STATEMENT COVERS PERIOD: FROM 8/10/00 TO 8/31/00. DATE OF ELECTION: SEP 11 2000.

EXECUTED ON: [DATE]

EXECUTED ON: [DATE]

EXECUTED ON: [DATE]

COMMITTEE INFORMATION: COMMITTEE NAME, ADDRESS, CITY, STATE, ZIP CODE, VEEY CODE, PHONE, I.D. NUMBER.

COMMITTEE INFORMATION: COMMITTEE NAME, ADDRESS, CITY, STATE, ZIP CODE, VEEY CODE, PHONE, I.D. NUMBER.

Other Committees Not Included in this Statement:

STATEMENT COVERS PERIOD: FROM 8/10/00 TO 8/31/00. DATE OF ELECTION: SEP 11 2000.

REPRODUCTION PROHIBITED

OFFICER, CANDIDATE and Controlled Committee Campaign Statement - Long Form

OFFICER, CANDIDATE and Controlled Committee

SS. Expenditures Made \$ 80,222.33
SI. Contributions Received \$ 88,822.33
SI. Contributions Made \$ 80,222.33

Cash Contributions and Outstanding Debts

18. ГОЛУДУВАННЯ ЗОБОВ'ЯЗАНЬ НЕМАЄ (None)
19. КАСОВІ ВПЛАТИ (Cash Contributions) \$ 88,822.33

20. ВИСОКОВАРОТЛИВІ ВИПЛАТИ (Other Contributions) \$ 0.00
21. ЕНДИНГ КАШ БАЛАНС (Ending Cash Balance) \$ 88,822.33

Summary of Candidates in Both Years and Movement Elections

22. Змінити попередній баланс на позитивний (Increase previous balance to positive)
23. Баланс на початку звітної періоду (Balance at beginning of reporting period)
24. Міжрічні змінити баланс на позитивний (Change year-to-year balance to positive)
25. Змінити попередній баланс на негативний (Change previous balance to negative)

Summary of Candidates in Both Years and Movement Elections table with columns for Candidate Name, Year, and Balance.

Current Cash Statement

26. Внесок кандидата (Candidate contribution)
27. Внесок кандидата (Candidate contribution)
28. Внесок кандидата (Candidate contribution)
29. Внесок кандидата (Candidate contribution)

Expenses Made

30. Прямі витрати кандидата (Direct candidate expenses)
31. Прямі витрати кандидата (Direct candidate expenses)
32. Прямі витрати кандидата (Direct candidate expenses)
33. Прямі витрати кандидата (Direct candidate expenses)

Contributions Received

34. Грошові внески (Cash contributions)
35. Грошові внески (Cash contributions)
36. Грошові внески (Cash contributions)
37. Грошові внески (Cash contributions)



Name of Office/Committee: Working Families for Deposit Office

SCHEDULE A
STATEMENT COVER PERIOD FROM 8E/10/70 TO 8E/03/80

ACCOUNT NUMBER: 38008E

Schedule A
Mandatory Contributions Received

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: **FULL TIME DEPOSITORS' SAVING FUND COMMITTEE FOR THE DISTRICT OF COLUMBIA**

DATE RECEIVED	NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE	OTHER CONTRIBUTIVE TO DATE	DATE RECEIVED	CUMULATIVE TO DATE
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1
8E/03/80		00.000,1	00.000,1	00.000,1	8E/03/80	00.000,1

1. I certify that the above information is true and correct to the best of my knowledge and belief.

2. I am not a candidate for any office in any political party or organization and I am not a member of any political party or organization.

3. I am not a candidate for any office in any political party or organization and I am not a member of any political party or organization.

4. I am not a candidate for any office in any political party or organization and I am not a member of any political party or organization.



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STATE OF OFFICER/ORDER FOR CANDIDATE AND CONTROLLED COMMITTEE:

STATE OF OFFICER/ORDER FOR CANDIDATE AND CONTROLLED COMMITTEE: STATE OF OFFICER/ORDER FOR CANDIDATE AND CONTROLLED COMMITTEE: STATE OF OFFICER/ORDER FOR CANDIDATE AND CONTROLLED COMMITTEE:

RECEIVED DATE	NAME AND ADDRESS OF CONTRIBUTOR	NAME OF EMPLOYER	AMOUNT RECEIVED	PERIOD	TYPE OF CONTRIBUTION	DATE RECEIVED	AMOUNT	DATE RECEIVED	AMOUNT	DATE RECEIVED	AMOUNT
8e\03\eo	John F. Williams, Inc. 188 Bond Street, CA 98003-3628	American Environmental Services, Inc.188 Bond Street, CA 98003-3628	200.00	2002	Contributions	00.025	200.00	00.025	00.025	00.025	00.025
8e\01\80	State of Maryland 222 Capitol Mall, CA 98003-3628	State of Maryland 222 Capitol Mall, CA 98003-3628	1,000.00	1,000.00	Contributions	00.000	1,000.00	00.000	1,000.00	00.000	1,000.00
8e\01\eo	John F. Williams, Inc. 188 Bond Street, CA 98003-3628	American Environmental Services, Inc. 188 Bond Street, CA 98003-3628	20.00	2002	Contributions	00.001	20.00	00.001	00.001	00.001	00.001
8e\03\eo	John F. Williams, Inc. 188 Bond Street, CA 98003-3628	American Environmental Services, Inc. 188 Bond Street, CA 98003-3628	300.00	300.00	Contributions	00.000	300.00	00.000	300.00	00.000	300.00

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State of Maryland Department of General Services
 Monetary Contributions Received Schedule A (cont.)

SCHEDULE A (cont.)

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Page 2 of 2
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 Amount

NAME OF OFFICER/HOLDER OF STOCK: 3ETIMMMMDSDRPOFOEATADICUAD
 NAME OF OFFICER/HOLDER OF STOCK: 3ETIMMMMDSDRPOFOEATADICUAD

DATE RECEIVED	NAME OF EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	DATE TO WHICH CALLED DUE (12 - DEC-31)	CUMULATIVE TO DATE TO WHICH CALLED DUE (IF APPLICABLE)
8e\10\80	Atlantic Michfield Co. 2501 K Street, Suite 100 Sacramento, CA 95814	00.000,1	00.000,S	00.000,S
8e\10\80	Atlantic Michfield Co. 222 Capitol Mall, Suite 200 Sacramento, CA 95814	00.003	00.003	00.003
8e\10\80	Atlantic Michfield Co. 222 Capitol Mall, Suite 200 Sacramento, CA 95814	00.003	00.003	00.003
8e\10\80	Atlantic Michfield Co. 222 Capitol Mall, Suite 200 Sacramento, CA 95814	00.003	00.003	00.003
8e\10\80	Atlantic Michfield Co. 222 Capitol Mall, Suite 200 Sacramento, CA 95814	00.003	00.003	00.003
8e\10\80	Atlantic Michfield Co. 222 Capitol Mall, Suite 200 Sacramento, CA 95814	00.003	00.003	00.003
8e\10\80	Atlantic Michfield Co. 222 Capitol Mall, Suite 200 Sacramento, CA 95814	00.003	00.003	00.003

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SUBTOTAL \$ 1,142.00

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR	NAME OF EMPLOYER (IF SELF-EMPLOYED ENTER OCCUPATION AND EMPLOYER)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE YEAR CUMULATIVE TO DATE (MM - DEC 31)	RESIDUAL TO DATE (IF APPLICABLE) OTHER
08/23/00	San Francisco, CA 94110 381 Francisco St. Joseph A. Barabona	Golden Gate Medical Group Physician	100.00	100.00	100.00
08/21/00	Albany, CA 92822 1115 B Street Debra E. Bures	U.S. Census Manager	20.00	120.00	120.00
08/30/00	San Francisco, CA 94110 1310 G St., Apt 1 Karl Bess	Information Systems	100.00	100.00	100.00
08/11/00	San Jose, CA 95128 381 Security Park Drive Azusa Companies, Inc.	Office of Education Butte Co. Office Administration	1,000.00	1,000.00	1,000.00
08/30/00	San Francisco, CA 94133 5870 Moravia Drive Maria Julia	DownTown Real Estate	100.00	100.00	100.00
08/21/00	San Francisco, CA 94133 1111 Buena Vista Michael Julia	DownTown Real Estate	20.00	120.00	120.00

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: **Deborah O'Shea**

DATE RECEIVED: **08/23/00**

FULL NAME AND ADDRESS OF CONTRIBUTOR: **San Francisco, CA 94110 381 Francisco St. Joseph A. Barabona**

AMOUNT RECEIVED THIS PERIOD: **100.00**

CUMULATIVE YEAR CUMULATIVE TO DATE (MM - DEC 31): **100.00**

RESIDUAL TO DATE (IF APPLICABLE) OTHER: **100.00**



2009 Monetary Contributions Received Schedule A (Continuation Sheet)

System set covers below
 from 8e\10\10
 to 8e\10\10
 Page 8 of 8
 001

Deporeh Office, Working Families for Deporeh Office
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

RECEIVED DATE	NAME OF EMPLOYEE (IF SET EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	DATE RECEIVED	CUMULATIVE TO DATE (IF APPLICABLE)	CUMULATIVE TO DATE (IF APPLICABLE)
8e\10\10	Max B. Beefer 2814 Elmhurst Circle Deporeh, CA 92822	200.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Margaret A. Berry 3450 Brookside Way Deporeh, CA 92808	100.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	David C. Becker 3141 Cameron Park Drive, Suite 333 Deporeh, CA 92888	220.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Jefferye Beefer 1545 S 4th St. Deporeh, CA 92822	120.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	John A. Fluh 9000 Valley View Dr Deporeh, CA 92822	100.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Kristen B. Davis 1133 Broadway Ln. Deporeh, CA 92822	100.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Woodward Clinic Physician Office	100.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Elmer Services Elmer Services of No. CA	120.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Becker & Burke Deporeh, CA	220.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Homebank Deporeh, CA	100.00	00.00	00.00	00.00	00.00	00.00
8e\10\10	Deporeh Deporeh, CA	200.00	00.00	00.00	00.00	00.00	00.00

00.00 1,152.00

2022 Annual Report
 Schedule A (Continued)
 Money Received from Conditional Recipients

2007
Monetary Contributions Received
Schedule A (cont.)

004
STATE OF CALIFORNIA
COMMISSION ON
GOVERNMENT

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 8e\10\10
 8e\03\00
 through from
 Statements covers pages

NAME OF OFFICER/CANDIDATE FOR WHOM CONTRIBUTED COMMITTEE: Deposed, Deposed, Deposed
 ID NUMBER: 8008e

RECEIVED DATE	NAME OF CONTRIBUTOR (IF APPLICABLE)	AMOUNT RECEIVED THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	DATE RECEIVED (MM - DD - YY)	DATE RECEIVED (MM - DD - YY)	COMPUTATIVE TO DATE (IF APPLICABLE)	COMPUTATIVE TO DATE (IF APPLICABLE)
8e\03\00	WILLIAM M. JONES 10301 S. GARDEN ST. MILPITAS, CA 95035	00.001	00.001	00.001	00.001	00.001	00.001
8e\01\00	KICK BECK c/o Mr. Robert A. ... 1828 ... SACRAMENTO, CA	00.252	00.252	00.252	00.252	00.252	00.252
8e\22\00	BEVERLY ENTERPRISES, INC. 2111 KODAK BLVD. FOLSOM, CA 95630	00.005	00.005	00.005	00.005	00.005	00.005
8e\01\00	CHARLES R. BISHOP 3170 S. ... SACRAMENTO, CA 95828	00.001	00.001	00.001	00.001	00.001	00.001
8e\01\00	WILLIAM G. BISHOP 3225 DOWIE BL. SACRAMENTO, CA 95828	00.021	00.021	00.021	00.021	00.021	00.021
8e\03\00	BGLT Enterprises 211 Spectrum Circle Oxnard, CA 93030	00.000.00	00.000.00	00.000.00	00.000.00	00.000.00	00.000.00

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Page 8 of 10
 8/30/00
 Amount \$100.00

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Depot, sirs, working Esmliee for Deborah sirs

RECEIVED DATE	ENTER THE NUMBER (S) ADDRESS	FULL NAME FOR CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (CALCULATED YEAR END - 12/31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8/30/00	201 Garden St. Sacramento, CA 95828	Woolley Group	Lobbyist	100.00	100.00	
8/30/00	2143 Hurley Ave., Ste 130 Sacramento, CA 95828	Self	Self	200.00	200.00	
8/31/00	Phyllis M. Bruce 3308 Mariposa Way Sacramento, CA 95818	Government Solutions	Owner/lobbyist	20.00	220.00	
8/31/00	Donna Brown 210 State St. Sacramento, CA 95830	The Trust for Public Land	Attorney	20.00	240.00	
8/31/00	San Rafael, CA 94901 P.O. Box 2249	Self	Self	20.00	260.00	
8/31/00	Michael M. Bronhaver, M.D. El Dorado, CA 95701	Physician	Physician	20.00	280.00	
8/30/00	Korff L. Blum 3100 Shelby Circle El Dorado, CA 95701	Self	Self	300.00	580.00	

00.00 \$ SUBTOTAL

SCHEDULE A (cont.)



001 to SI Page 88\10\70 88\03\80

88\10\70 88\03\80

NAME OF OFFICER/OWNER FOR PERMITTED COMPLETION

DATE RECEIVED

PERMITS (D.I)

PERIOD RECEIVED

PERIOD AND EMPLOYER

PERIOD AND ADDRESS

DATE RECEIVED

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Schedule A (cont.)

Monthly Contribution System

SCHEDULE A (cont.)

СCHEDULE A (прод.)

001 To EI Page 9
8e\10\70
8e\03\80

Month

NAME OF THE HOLDER OF THE ORDER

ORDER NUMBER

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ORDER RECEIVED DATE (MM-DD-YY)

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Schedule A (cont.)
Schedule A (прод.)



001 to 41 pages
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 month

State of Maryland
 Department of General Services
 Statewide Procurement

STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES

Contract Number: 001008e

STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES	STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES	STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES	STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES	STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES	STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES	STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES
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00.000,S	00.000,S	00.000,S	00.000,S	00.000,S	00.000,S	00.000,S
00.002,L	00.002,L	00.002,L	00.002,L	00.002,L	00.002,L	00.002,L
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State of Maryland
 Department of General Services
 Statewide Procurement

Statement covers period
 8e\10\70
 month

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NAME OF OFFICEHOLDER FOR CANDIDATE AND CONTROLLED COMMITTEE:

Depot for

DATE RECEIVED	NAME OF OFFICEHOLDER FOR CANDIDATE AND CONTROLLED COMMITTEE	NAME OF EMPLOYER (IF SET-EMPLOYED EMPLOYEE)	AMOUNT RECEIVED THIS PERIOD	DATE RECEIVED	STATE OF RECEIPT (IF APPLICABLE)	DATE RECEIVED
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A
8e\03\80	Depot for	None	20.002	00.002	00.000,0A	00.000,0A

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Schedule A (Continuation Sheet)
Monthly Contributions Received

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 88\10\70
 88\03\80
 001 to 31 2009

Schedule A (cont.)

NAME OF OFFICE/HOUSE OR CANDIDATE AND COMMITTED COMMITTEE:

Depot for the City of San Francisco

DATE RECEIVED	NAME OF CONTRIBUTOR (IF EMPLOYED ENTER FULL ADDRESS TO WHICH THE CONTRIBUTION WAS MADE) (IF NOT EMPLOYED ENTER FULL ADDRESS)	ADDRESS	NAME OF EMPLOYER (IF SET-EMPLOYED ENTER NAME OF EMPLOYER)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (1-DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
88\03\80	Robert G. Cornwell P.O. Box 168 Orinda, CA 94556		Robert G. Cornwell	100.00	300.00	
88\03\80	Michael E. Crow II 533 Grandberry Dr. Sacramento, CA 95831		The Crow Law Firm Attorney	200.00	500.00	
88\03\80	David A. Cornwell 1833 Biscaya Ave Davis, CA 95618		Woodland Healthcare Medical Director	100.00	600.00	
88\03\80	David A. Cornwell 1833 Biscaya Ave Davis, CA 95618		Woodland Healthcare Medical Director	100.00	700.00	
88\03\80	David A. Cornwell 1833 Biscaya Ave Davis, CA 95618		Woodland Healthcare Medical Director	100.00	800.00	
88\03\80	David A. Cornwell 1833 Biscaya Ave Davis, CA 95618		Woodland Healthcare Medical Director	100.00	900.00	
88\03\80	David A. Cornwell 1833 Biscaya Ave Davis, CA 95618		Woodland Healthcare Medical Director	100.00	1,000.00	

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FORM 400
 STATE OF CALIFORNIA
 1997

Page 1 of 100

Statement covers period from 8/10/00 to 8/30/00

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Deborah Griffin Working Group for Deborah Griffin

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME AND ADDRESS IS DIFFERENT FROM THE NUMBER HAS BEEN ASSIGNED, ENTER ID NUMBER OR, IN ADDITION TO CONTRIBUTOR'S NAME AND ADDRESS, ENTER THE NUMBER OF CONTRIBUTOR'S NAME AND ADDRESS)	NAME OF EMPLOYER (IF SET EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	AMOUNT RECEIVED PERIOD (1-12)	AMOUNT RECEIVED OTHER PERIODS (1-12)
8/21/00	John Danberg 553 E 1st St Grande Valley, CA 92326	Information Resources	00.025	00.025	00.025
8/8/00	Daniel Sigel 1211 1st St Sacramento, CA 95811	Physician	00.001	00.001	00.001
8/23/00	Robert C. Davidson 580 Marina Park Way Sacramento, CA 95831	University of CA	00.001	00.001	00.001
8/30/00	Ala S. Davis 10 Lombard St. San Francisco, CA 94111	Consultant	00.002	00.002	00.002
8/11/00	Antoinette De Vere White P.O. Box 5518 Sacramento, CA 95836	UCD Med. Center	00.251	00.251	00.251
8/25/00	Deborah Griffin P.O. Box 84334 San Diego, CA 92188	ID# 22132	00.000	00.000	00.000

TOTAL 00.210,52



State of Alaska
Department of Social Services

SCHEDULE A (cont.)

001
Page 81
8e\03\00
Month

NAME OF OFFICE/NUMBER FOR CANDIDATE AND COMMITTEED COMMITTEE:

STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT

DATE RECEIVED	NAME OF CANDIDATE AND COMMITTEE	NAME OF EMPLOYER (IF SET-FORWARDED ENTER NAME OF EMPLOYER)	AMOUNT RECEIVED THIS PERIOD	STATE OF ALASKA (MAY - DEC 31)	COMPUTATIVE TOTAL TO DATE (OTHER THAN YEAR-END)
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000
8e\03\00	FOR INFORMATION OF DEPOSITORS: FOR THE STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT			00.000	00.000

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STATE OF ALASKA DEPARTMENT OF SOCIAL SERVICES, SITKA DISTRICT



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months months

2007 Contributions Received (Continuation Sheet)

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTRIBUTED COMMITTEE:

DATE OF RECEIPT OR CANDIDATE AND CONTRIBUTED COMMITTEE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF NUMBER HAS BEEN ASKED, ENTER ID NUMBER IN ADDRESS FIELD; IF NUMBER NAME & ADDRESS)	OFFICER AND EMPLOYER (IF EMPLOYED) (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CONTRIBUTOR TO DATE (MAY - DEC 31)	ACCUMULATED TO DATE (IF APPLICABLE) OTHER (IF APPLICABLE)
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025
8e\10\10	002 972 . 12 2007 001 MONROE ST SAN FRANCISCO CA 94111		00.025	00.025	00.025

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Page 01 to 05
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Statistical control
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NAME OF OFFICER/HOLDER OF CANDIDATE AND CONTROLLED COMMITTEE: Deporal, sityo
 WORKING UNIT: sityo
 DEPARTMENT: sityo

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR	NAME OF EMPLOYED ENTER (IF APPLICABLE)	AMOUNT RECEIVED THIS PERIOD	AMOUNT RECEIVED PER YEAR (IF APPLICABLE)	DATE RECEIVED
8e\01\00	Yune Eisenberg 6431 Oakridge Way Sacramento, CA 95831	Company	00.001	00.001	8e\01\00
8e\01\00	Emily's Law Firm 802 1st St., N.W. Washington, DC 20005	ID# C0013333	00.000,1	00.000,1	8e\01\00
8e\05\00	Engineers & Scientists of CA Local 50 I.P.T.E. 1185 Market Street, Ste K San Francisco, CA 94102	ID# 88118	00.002	00.002	8e\05\00
8e\03\00	Regional Fair 3112 Oasma Way Sacramento, CA 95833	Legislative Advocates Fair & Associates	00.002	00.002	8e\03\00
8e\25\80	Family Health Care 2382 Franklin Blvd., Ste K Sacramento, CA 95830		00.005	00.005	8e\25\80
8e\18\00	Fairall, Furlong & Brown 3312 Capital Avenue Sacramento, CA 95816		00.000,1	00.025,1	8e\18\00

GRAND TOTAL \$ 820.00



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8e\03\20

DATE RECEIVED
FEDERAL ID
01008e
MONTH
PERIOD RECEIVED
AMOUNT RECEIVED
EMPLOYEE NAME (IF EMPLOYED BY OTHER)

DATE RECEIVED	FEDERAL ID	MONTH	PERIOD RECEIVED	AMOUNT RECEIVED	EMPLOYEE NAME (IF EMPLOYED BY OTHER)	ADDRESS	DATE RECEIVED
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20
8e\10\20	00.001	8e\03\20	00.001	00.001	Legislative Counsel	101 K Street, Ste 2181e Annapolis, MD 21401	8e\10\20

00.003, L LATOTBUS

Schedule A (cont.)
Nonresident Conditional Recipient

NAME OF OFFICE/ORDER OR CANDIDATE AND CONTROLLED COMMITTEE:

State of Maryland

FOR INFORMATION TO THE COMMITTEE: NAME AND ADDRESS OF COMMITTEE, NUMBER OR FEEDBACK NUMBER AND ADDRESS

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

101 K Street, Ste 2181e
Annapolis, MD 21401

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Monthly Contributions Received
Schedule A (Continuation Sheet)

NAME OF OFFICEHOLDER OR CANDIDATE: _____

OFFICE ADDRESS: _____

DATE RECEIVED	NAME OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME & ADDRESS ENTER NUMBER OR IF NO NUMBER HAS BEEN ASSIGNED, "COMMITTEE" IN ADDRESS)	ADDRESS	CITY OF SACRAMENTO AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (AS OF 12/31/00)	CUMULATIVE TO DATE (IF APPLICABLE)
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.001	00.001	00.001
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.02	00.02
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.04	00.04
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.06	00.06
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.08	00.08
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.10	00.10
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.12	00.12
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.14	00.14
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.16	00.16
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.18	00.18
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.20	00.20
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.22	00.22
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.24	00.24
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.26	00.26
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.28	00.28
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.30	00.30
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.32	00.32
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.34	00.34
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.36	00.36
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.38	00.38
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.40	00.40
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.42	00.42
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.44	00.44
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.46	00.46
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.48	00.48
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.50	00.50
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.52	00.52
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.54	00.54
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.56	00.56
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.58	00.58
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.60	00.60
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.62	00.62
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.64	00.64
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.66	00.66
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.68	00.68
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.70	00.70
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.72	00.72
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.74	00.74
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.76	00.76
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.78	00.78
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.80	00.80
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.82	00.82
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.84	00.84
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.86	00.86
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.88	00.88
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.90	00.90
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.92	00.92
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.94	00.94
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.96	00.96
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	00.98	00.98
8e\10\70	FRANK FRANK	4182e CA , OTHER ADDRESS		00.02	01.00	01.00

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11,020.00



Report Period: 8/1/03 to 8/31/03
 Fiscal Year: 8/1/03 to 8/31/03
 Report Type: Financials

Report Title: STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE
 Report ID: 001008e
 Report Date: 8/1/03

DATE RECEIVED	ORDER NUMBER	ORDER DATE	ORDER DESCRIPTION	ORDER TYPE	ORDER VALUE	ORDER STATUS
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e
8/1/03	001008e	8/1/03	STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE	Financials	00.282,5	001008e

(continued) Schedule A
 Financials

Report Title: STATE OF CALIFORNIA ORDER FOR AND CONTRACTED COMMITTEE
 Report ID: 001008e



001 10 AS Page 9
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Depositor's Name: Depositor for Depositor's Name

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER NUMBER OR 'X' NO ID NUMBER HAS BEEN ASSIGNED)</small>	AMOUNT RECEIVED	RECEIVED FROM	DATE RECEIVED	AMOUNT RECEIVED	RECEIVED FROM	DATE RECEIVED
8e\12\e0	Karla Gets 2828 Garben Highway Sacramento, CA 95821	00.00L	Self	00.00L	00.00L	00.00L	00.00L
8e\12\e0	Dep J. Garben P.O. Box 1244 Keeneville, CA 93824	00.02S	Garben Family	00.00L	00.02S	00.02S	00.02S
8e\12\e0	Garben & Vincent Agency Inc. 100 Orange Grove Ave. Sacramento, CA 95841	00.02S	Family	00.00L	00.02S	00.02S	00.02S
8e\12\e0	Walter Creek, CA 95288-0420 Jesse M. Callifornia, 2fe 420	00.02S	Self	00.00L	00.02S	00.02S	00.02S
8e\12\e0	Glaxo Wellcome Inc. P.O. Box 13328 Research Triangle Park, NC 27709	00.02S	Self	00.00L	00.02S	00.02S	00.02S
8e\12\e0	Garben Grove, CA 95841 11051 Magnolia Leagle PAC	00.02S	Self	00.00L	00.02S	00.02S	00.02S

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Monthly Contributions Received
 Schedule A (Continuation Sheet)



DATE OF RECEIPT: 08/10/10
 STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE

Schedule C (Continued) A Subchapter S Corporation Return

NAME OF CONTRIBUTOR OR CANDIDATE COMMITTEE: **State of California**
 CITY AND STATE: **Santa Monica, CA**
 ADDRESS: **1000 Wilshire Blvd, Santa Monica, CA 90401**
 PHONE: **(310) 318-1234**
 FAX: **(310) 318-1234**
 DATE OF RECEIPT: **08/10/10**

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR	AMOUNT RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	DATE RECEIVED	AMOUNT RECEIVED
08/10/10	Green & Associates 1234 N Street Sacramento, CA 95811	00.002,5	00.002,5	00.000,3	00.002,5	00.000,3
08/10/10	Green & Associates 1010 East Hillside Blvd, Ste. 410 Foster City, CA 94041	00.002,5	00.002,5	00.000,3	00.002,5	00.000,3
08/10/10	Annie G. Gonzalez 1848 Birch Street Sacramento, CA 95811	00.001	00.001	00.001	00.001	00.001
08/10/10	Louis Gonzalez 2082 E 4th St. Stockton, CA 95210	00.002	00.002	00.002	00.002	00.002
08/10/10	Lami M. Goldstein 1155 Granite Bar Way Gold River, CA 95626	00.025	00.025	00.025	00.025	00.025
08/10/10	Laurance K. Goldstein 4030 Serrano Ave San Diego, CA 92108	00.021	00.021	00.021	00.021	00.021

SUBTOTAL 00.026,3

SCHEDULE A (cont.)

004
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE

DATE: 10 25 88
 FROM: 88/10/10
 TO: 88/02/00
 MONTH: February

(Part 2 of Schedule A) Schedule A
 Monthly Contributions Received
 Money

NAME OF OFFICE/HOUSE OR FOR SAID INDIVIDUAL AND COMMITTED COMMITTEE: **OFFICE FOR DEPORTATION AND IMMIGRATION, U.S. DEPARTMENT OF JUSTICE**

DATE RECEIVED	NAME OF CONTRIBUTOR (IF KNOWN)	ADDRESS OF CONTRIBUTOR (IF KNOWN)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (MAY - DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
88/02/00	George G. Williams	1000 Pennsylvania Ave. N.W., Washington, D.C. 20004	100.00	100.00	
88/02/00	William F. Williams	1000 Pennsylvania Ave. N.W., Washington, D.C. 20004	100.00	200.00	
88/02/00	George G. Williams	1000 Pennsylvania Ave. N.W., Washington, D.C. 20004	100.00	300.00	
88/02/00	William F. Williams	1000 Pennsylvania Ave. N.W., Washington, D.C. 20004	100.00	400.00	
88/02/00	George G. Williams	1000 Pennsylvania Ave. N.W., Washington, D.C. 20004	100.00	500.00	

00.028 2 LATOTBUS

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Deposed, Mrs. Deposed
 NAME OF BUSINESS OR FAMILIAR NAME AND ADDRESS OF CONTRIBUTOR: Deposed, Mrs. Deposed

RECEIVED DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR (ENTER NUMBER OR "X" IF NO ID NUMBER HAS BEEN ASSIGNED IF COMMITTEE IN ADDITION TO COMMITTEE & NAME AND ADDRESS ENTER THEREAFTER NAME & ADDRESS)	NAME OF BUSINESS (IF SET EMPLOYED BY) OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (UNTIL - DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8/30/00	Robert Harris 1409 E Street Sacramento, CA 95820	Jim Conzelmann & Associates Legislative Advocates	120.00	120.00	120.00
8/30/00	Alan Haber 2187 Saddle Brook Dr. Oakland, CA 94612	Programmer Electra Software	1,000.00	1,000.00	1,000.00
8/30/00	Michael Hahn 1000-12th Street Sacramento, CA 95820	Self Consultant	200.00	200.00	200.00
8/30/00	Kathleen Hahn 3800 N St. Sacramento, CA 95820	Self Political Consultant	100.00	100.00	100.00
8/30/00	H.C. Associates 4222 W Ave, Los Angeles, CA 90002	Self Affinity	100.00	100.00	100.00
8/30/00	Melinda Grunberg 1330 Shreveville Davis, CA 95618	Deposed, Mrs. Deposed Affinity	220.00	220.00	220.00

00.250,5 \$ LATOTBUS

Total Contributions Received
 \$ 10,000.00

Page 1 of 88
 8/30/00

I.D. NUMBER
 8008e

NAME OF OFFICE/HOLDER OF CANDIDATE AND CONTROLLED COMMITTEE:
 Deposition, sifro gnikrow, sifro for Deposition

RECEIVED DATE	ENTER ID NUMBER OR IF NO ID NUMBER HAS BEEN ASSIGNED, IF COMMITTEE IN ADDRESS OF CONTRIBUTOR	FULL NAME AND ADDRESS OF CONTRIBUTOR	NAME OF EMPLOYER (IF SET EMPLOYED ENTER OCCUPATION AND EMPLOYER)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (12/31/00)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8/30/00		28181 Menlo Park Blvd, Menlo Park, CA 94025	Legislative Consultant	100.00	100.00	
8/30/00		28181 Menlo Park Blvd, Menlo Park, CA 94025	Academic Ad Manager	100.00	200.00	
8/30/00		28181 Menlo Park Blvd, Menlo Park, CA 94025	Public Affairs	200.00	400.00	
8/30/00		28181 Menlo Park Blvd, Menlo Park, CA 94025	Investor	1,000.00	1,400.00	
8/30/00		28181 Menlo Park Blvd, Menlo Park, CA 94025	Referee	20.00	1,420.00	
8/30/00		28181 Menlo Park Blvd, Menlo Park, CA 94025		100.00	1,520.00	

SUBTOTAL \$ 1,520.00

2004 AUGUST 31
 DEPOSITION

2004
 8/30/00



001 10 ES 9899 8e\10\70 8e\03\80

NAME OF OFFICE/ADDRESS FOR RETURN OF CHECKS: DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM NO. 101 0108 e

DATE RECEIVED: 10/10/80

AMOUNT RECEIVED: 00.000,00

NAME OF EMPLOYER: FEDERAL BUREAU OF INVESTIGATION

DATE RECEIVED: 00.000,00

NAME OF EMPLOYER: FEDERAL BUREAU OF INVESTIGATION

DATE RECEIVED: 00.000,00

NAME OF EMPLOYER: FEDERAL BUREAU OF INVESTIGATION

DATE RECEIVED: 00.000,00

NAME OF EMPLOYER: FEDERAL BUREAU OF INVESTIGATION

DATE RECEIVED: 00.000,00

NAME OF EMPLOYER: FEDERAL BUREAU OF INVESTIGATION

00.000,00

Monthly Contributions Received (part 2)



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NAME OF OFFICE/HOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
 Depository, City of Sacramento, Working Committee for Depository Office

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>ENTER THE NUMBER, NAME & ADDRESS OF CONTRIBUTOR, IF NO ID NUMBER HAS BEEN ASSIGNED</small> <small>IF COMMITTEE, IN ADDITION TO COMMITTEE NAME AND ADDRESS</small>	ADDRESS AND CITY OF CONTRIBUTOR <small>IF SET FORTH ON OTHER PAGE</small>	THIS RECEIPT RECEIVED	CUMULATIVE TO DATE <small>(IF APPLICABLE)</small>	STATED TO DATE <small>(IF APPLICABLE)</small>
8e\11\eo	Samuel L. Jackson 0000 #1000 880 Jfz 08e Sacramento, CA 95814	City of Sacramento	00.035	00.035	00.035
8e\05\to	Lackie Speier 257e 2e P.O. Box 3113 Daly City, CA 94013	ID# 25e02e	00.000,25	00.000,25	00.000,25
8e\81\eo	Rachel Ickow 3e7J Esaf Curfja Dr. Sacramento, CA 95818	Housing Assoc. Sacramento Mutual	100L	100L	100L
8e\15\eo	Loyce F. Isert 5531 Markham Way Sacramento, CA 95818	Executive Director Children's Home CA Assoc. of	100L	100L	100L
8e\95\eo	Insurance Agency 820 E Algonquin St Sacramento, IL 60103	Exec. Director	100,1	100,1	100,1
8e\15\eo	Richard Ickow 8545 Kenneth Ave. Carmichael, CA 95628	Information Receiver	100L	100L	100L

220.00 LATOTBUS

001 to 13 pages

REVENUE ID: 10008e

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8e\30\10

2004
AGREEMENT
НАКЛАДНАЯ
ПРИЛОЖЕНИЕ

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NAME OF OFFICE/HOLDER OF RECEIPT AND DATE OF RECEIPT: 8e\30\10

Deposited for the purpose of the following:

DATE RECEIVED	NAME OF OFFICE/HOLDER OF RECEIPT AND DATE OF RECEIPT	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (IF APPLICABLE)	DATE RECEIVED	CUMULATIVE TO DATE (IF APPLICABLE)
8e\30\80	STATE OF CA	00.001	00.001	8e\30\80	00.001
8e\30\80	Refined	00.001	00.002	8e\30\80	00.002
8e\30\80	Property Management Eastside	00.001	00.003	8e\30\80	00.003
8e\30\80	Housewife	00.025	00.028	8e\30\80	00.028
8e\30\80	Kaiser Medical Group	00.001	00.001	8e\30\80	00.001
8e\30\80	Physician	00.001	00.001	8e\30\80	00.001
8e\30\80	Jim Gonzalez & Associates	00.000	00.000	8e\30\80	00.000
8e\30\80	Latye AC	00.025	00.025	8e\30\80	00.025
8e\30\80	LABORERS UNION	00.000	00.000	8e\30\80	00.000
8e\30\80	LABORERS UNION	00.000	00.000	8e\30\80	00.000

8e\30\10 2 LATOBUS

Page 101
of 38
ID Number 81008 e
Form 8e\30\70
Statement covers period from 8e\00\70
to 8e\00\70
Statistical covers period from 8e\00\70
to 8e\00\70

Money Contribution Received

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
 William W. Foraker, Jr.

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(IF NUMBER OR IF NO ID NUMBER HAS BEEN ASSIGNED IF COMMITTEE, IN ADDITION TO COMMITTEE NAME AND ADDRESS)</small>	NAME OF BUSINESS <small>(IF SELF-EMPLOYED ENTER FULL NAME AND ADDRESS OF CONTRIBUTOR)</small>	AMOUNT RECEIVED THIS PERIOD	ACCUMULATED AMOUNT RECEIVED TO DATE (YTD - DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) <small>(OTHER OTHER)</small>
8e\11\00	Green & Associates Legislative Advocates	Information Reported	20.00 20.00	200.00	100.00
8e\11\00	81832 E 1333 3rd Ave. Ann Arbor	Information Reported	20.00	200.00	100.00
8e\11\00	800 Dublin Ave. Dublin, CA 94568	Information Reported	20.00	200.00	100.00
8e\11\00	81832 E 1333 3rd Ave. Ann Arbor	Information Reported	20.00	200.00	100.00

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LABORERS



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 RECEIVED FROM 88/10/70
 88/03/80

NAME OF OFFICER/ORDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Deposed

DATE RECEIVED	NAME OF EMPLOYER (IF APPLICABLE)	AMOUNT RECEIVED THIS PERIOD	DATE RECEIVED	NAME OF EMPLOYER (IF APPLICABLE)	AMOUNT RECEIVED	DATE RECEIVED
88/11/80	Grace Kim 1301 Brown Dr. Dava, CA 94328	00.001	00.021	Grace Kim 1301 Brown Dr. Dava, CA 94328	00.001	88/11/80
88/11/80	Thomas King 2525 Union St Madera, CA 95328	00.001	00.001	Thomas King 2525 Union St Madera, CA 95328	00.001	88/11/80
88/11/80	Katherine Kueer P.O. Box 338 Dava, CA 94328	00.001	00.001	Katherine Kueer P.O. Box 338 Dava, CA 94328	00.001	88/11/80
88/03/80	Beverly G. Kievas 880 Hillside Ave West Hollywood, CA 90069	00.021	00.021	Beverly G. Kievas 880 Hillside Ave West Hollywood, CA 90069	00.021	88/03/80
88/03/80	Linda F. Kumbal, M.D. 31 College Park Dava, CA 94328	00.001	00.001	Linda F. Kumbal, M.D. 31 College Park Dava, CA 94328	00.001	88/03/80
88/11/80	Lila Corioqais 1008 St. John St Albany, CA 94706	00.001	00.001	Lila Corioqais 1008 St. John St Albany, CA 94706	00.001	88/11/80

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(year) Contributions Received
(year) Contributions Received

SCHEDULE A (cont.)
FORM 1041
INSTRUCTIONS

001 to 32
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTINGENT COMMITTEE:

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 DEPARTMENT OF REVENUE

RECEIVED DATE	NAME OF OFFICEHOLDER OR CANDIDATE AND CONTINGENT COMMITTEE	NAME OF EMPLOYER (IF SET EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	DATE RECEIVED	AMOUNT RECEIVED	DATE RECEIVED	AMOUNT RECEIVED
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000
8e\0e\00	WILLIAM & WILLIAM	Information Received	00.000	00.000	00.000	00.000	00.000

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Month Contributions Received
Schedule A (Continuation Sheet)

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: **Depot for Depots**
 FULL NAME AND ADDRESS OF CONTRIBUTOR: **Mr. A. Levine**
 OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS): **Law Professor**
 DATE RECEIVED: **8e\0e\00**
 CONTRIBUTION AMOUNT: **00.000**
 RECEIVED DATE: **8e\0e\00**

DATE RECEIVED	CONTRIBUTOR FULL NAME AND ADDRESS (IF CONTRIBUTOR'S NUMBER HAS BEEN ASSIGNED, ENTER ID NUMBER OF CONTRIBUTOR IN ADDITION TO CONTRIBUTOR NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (IF APPLICABLE)
8e\0e\00	Mr. A. Levine Lawrence Carl Levine 2828 H St. Sacramento, CA 95828	Law Professor	00.000	00.000
8e\0e\00	Ms. K. H. St. 2828 H St. Sacramento, CA 95828	Wife of Mr. A. Levine	00.000	00.000
8e\0e\00	Ms. K. H. St. 2828 H St. Sacramento, CA 95828	Wife of Mr. A. Levine	00.000	00.000
8e\0e\00	Ms. K. H. St. 2828 H St. Sacramento, CA 95828	Wife of Mr. A. Levine	00.000	00.000
8e\0e\00	Ms. K. H. St. 2828 H St. Sacramento, CA 95828	Wife of Mr. A. Levine	00.000	00.000

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
 Depoia, Depoia, Working Families for Deposits

RECEIVED DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME AND ADDRESS DIFFERS FROM THE NAME AND ADDRESS ENTERED ON THE BALANCE SHEET)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (THRU 12-31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8e\01\80	Los Angeles Turf Club, Incorporated Santa Anita Park Arcadia, CA 91006		1,000.00	00.000.00	00.000.00
8e\03\00	Sara C. Lopes-Rodriguez 8700 Kurlia Dr. Elk Grove, CA 95624	Homemaker	130.00	00.000.00	00.000.00
8e\01\00	Lisa M. Bell 383 Camelia River Sacramento, CA 95824	The Dental Insurance Co.	20.00	00.000.00	00.000.00
8e\03\00	David W. MacMillan 1751 Palmyra Dr. Fair Oaks, CA 95624	Retired	100.00	00.000.00	00.000.00
8e\01\00	MIC Brown & Associates 5541 - 4th Ave. Sacramento, CA 95818	Retired	20.00	00.000.00	00.000.00

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Schedule A (Contribution Sheet)
Monthly Contributions Received

Statistical control by
 from 8e\10\10
 to 8e\03\10

NAME OF OFFICE/HOLDER FOR CANDIDATE AND COMMITTED COMMITTEE:
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DATE RECEIVED	NAME OF EMPLOYEE (IF SET EMPLOYED ENTER EMPLOYER NAME & ADDRESS)	CONTRIBUTION TO DATE (DEC 31 - 1998)	PERIOD RECEIVED THIS PERIOD	CUMULATIVE TO DATE (IF APPLICABLE)	OTHER CONTRIBUTIVE TO DATE
8e\25\10	Maria M. Escobar for The Senate 222 S. Flower St., Jc 2110 Los Angeles, CA 90001	00.000,25	00.000,25	00.000,25	
8e\11\10	Joseph K. Martin, M.D. 1050 Sateh Street Sacramento, CA 95816	00.002	00.002	00.002	
8e\15\10	James B. Martin P.O. Box 203 Fair Oaks, CA 95628	00.001	00.001	00.001	
8e\81\10	Shelia D. Martin 3371 Sunrise Way Sacramento, CA 95831	00.001	00.001	00.001	
8e\11\10	Mark A. Diaz, M.D. 111 S. Florin Rd., Ste 111 Sacramento, CA 95831	00.025	00.025	00.025	
8e\11\10	obalaga & Kaguana 301 F Street, Ste 101 Sacramento, CA 95828	00.021,1	00.000,1	00.021,1	
SUBTOTAL					00.021,25

Monetary Contributions Received Schedule A (Continuation Sheet)

STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
004

Statement covers period from 8/10/70 to 8/30/80

Page 10 of 001

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Deporal Orsita, Working Families for Deporal Orsita

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF SET EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (YTD - DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8/21/80	Isoluzim M. M. Ashomoshov, 304 Pershing St, Colson, CA 9530	Unit	20.00	20.00	00.00
8/21/80	Linda Whitte, 8383 Wilshire Blvd, Beverly Hills, CA 90211	Attorney	20.00	40.00	00.00
8/21/80	MCCarty & Associates, 1300 Eftan Way, Suite 2582, Sacramento, CA 95825	State of CA	100.00	100.00	100.00
8/21/80	Refer McKinnis, 3308 Marshalls Way, Sacramento, CA 95825	State of CA	100.00	200.00	200.00
8/21/80	Metropolitano Vocational Center, 4949 Esas Yule, Ste 01, Fresno, CA 93728	State of CA	200.00	400.00	400.00

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 001 to 00 1998

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Deborah Ortiz, Working for Deborah Ortiz

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (MAY - DEC)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8e\12\00	John Molina 888 Akarber Dr. Orangevale, CA 92638	American Income Life Owner	00.025	00.025	00.000
8e\12\00	Marian E. Moe 5232 Donner Way Sacramento, CA 95838	State of Calif. Contractor	00.025	00.025	00.000
8e\0e\00	James M. Mize 3850 American River Dr. Sacramento, CA 95838	Law Office of James Mize Attn: JMM	00.02	00.02	00.000
8e\0e\00	Douglas P. Miller 8332 Marjorie Dr. Sacramento, CA 95838	SEIU Healthcare Workers Union #520 Office Mgr.	00.001	00.001	00.000
8e\12\00	Michael E. Miller 707 Cutting Way Sacramento, CA 95838	Assembly Rules Comm. Leg. Staff	00.02	00.02	00.000
8e\12\00	Love K. Michel 482 Cool Wind Way Sacramento, CA 95838	State of CA Education Administrator	00.001	00.001	00.000

800.008 SUBTOTAL

Political Committee
 88\10\70
 88\03\90
 months

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: _____
 Deposition, City of San Francisco, California

DATE RECEIVED	CONTRIBUTOR NAME AND ADDRESS (IF OTHER THAN NAME AND ADDRESS OF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS) ENTER TREASURER'S NAME & ADDRESS	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (DEC 31 - 1 JAN)	CUMULATIVE TO DATE (IF APPLICABLE)
88\12\90	Anna M. Moore 230 Morris Way Sacramento, CA 95836	Administrative Engineer SBA/Cal Trans	100.00	100.00	100.00
88\12\90	Monroya Communications, Inc. 108 K St., Ste 40 Sacramento, CA 95836		100.00	200.00	200.00
88\01\90	Robert Monroe 1221 Holstein Way Sacramento, CA 95833	Medical Consultant State of California	20.27	220.27	220.27
88\01\90	Henry I. Montoya 3010 E. Grove Ave. Visalia, CA 93291	Retired A/N	100.00	320.27	320.27
88\01\70	Henry J. Montoya 2527 Sheldale Way Sacramento, CA 95836	Retired A/N	100.00	420.27	420.27
88\01\90	Molina Medical Center One Golden Shore Dr. Long Beach, CA 90801	Molina Medical Center	200.00	620.27	620.27

TOTAL 00.279

NAME OF OFFICEHOLDER OR CANDIDATE AND COMMITTEED COMMITTEE:

Depotah Orsitz, Working Families for Depotah Orsitz

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME HAS BEEN ASSIGNED NUMBER TO NUMBER ON IF NO ID NUMBER HAS BEEN ASSIGNED ENTER THE NUMBER NAME & ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (YTD - DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8e\11\80	Ms Linda & Associates 1330 Rio Estero Way L882e CA 92828		100.00	100.00	00.00S
8e\0e\80	Anthony P. Neri 170 Pinebelle Ave. 82828 CA 92828	American Lung Assoc. Vice President	100.00	100.00	00.00L
8e\0e\80	Jeff Neri 338 Neri Ave. L882e CA 92828	URS Energy, Inc. Economist	100.00	100.00	00.00L
8e\21\80	Sonia Neri 225 Neri St. L882e CA 92828	State of CA Liberator	100.00	100.00	00.00L
8e\1s\80	Laura C. Morikawa 202 Neri St. L882e CA 92828	State of CA Legislator	100.00	100.00	00.00L
8e\2s\80	Ms Linda & Associates 1330 Rio Estero Way L882e CA 92828	Contractor	500.00	320.00	00.00L

00.008 SUBTOTAL



001 to 43 page 9
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 88\00\00 88\00\00
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: **Depot for Depo**
 WORKING FOR DEPOSIT

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME HAS BEEN VERIFIED)	NAME OF BUSINESS (IF NOT EMPLOYED ENTER "SELF EMPLOYED")	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (MAY 1 - DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER PERIODS
88\11\00	Nelson, a Vocational Consulting 1333 Howe Ave., Ste 100 Sacramento, CA 95832		200.00	200.00	200.00
88\11\00	Valerie Small Navarro 44 Taylor Way Sacramento, CA 95832	Lobbyist	100.00	100.00	100.00
88\03\00	National Women's Political Caucus P.O. Box 34647 Los Angeles, CA 90006	ID# 801243	20.00	20.00	20.00
88\11\00	San Francisco, CA 94131 4144 Army St. National Women's Political Caucus	ID# 142313	200.00	200.00	200.00
88\02\00	Sacramento, CA 95816 1016 33rd St. Women Calif. Political Caucus	ID# 855233	200.00	200.00	200.00
88\11\00	Marybeth Wal Office 83 2nd St., Ste 300 Sacramento, CA 95832		200.00	200.00	200.00
TOTAL 00.0200					

2004 Schedule A (cont.)
Monetary Contributions Received

001 to 44 page 9
 8e\03\00
 8e\03\00
 2004
 001

RECEIVED DATE	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(ENTER THE NUMBER, NAME & ADDRESS) IF CONTRIBUTOR IS AN INDIVIDUAL, ENTER NAME AND ADDRESS OF COMMITTEE IN ADDITION TO CONTRIBUTOR NAME AND ADDRESS</small>	OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (YTD)	CUMULATIVE TO DATE (IF APPLICABLE)
8e\03\00	Oak Tree Racing Association 382 W. Huntington Drive Arcadia, CA 91007		00.000	00.000	00.000
8e\03\00	Ben L. O'Brien 3939 Walnut Ave., #533 Carlsbad, CA 92008-1700	Information Reported	00.000	00.000	00.000
8e\03\00	Oakland, CA 94612-1418 448 Heggenberger Road Regional Council Northern California Carpenters	ID# 821328	00.000	00.000	00.000
8e\03\00	Missan North America, Inc. 300 W. 130th Street Torrance, CA 90501		00.000	00.000	00.000
8e\03\00	пәлуғи Ann Thi Yung 919 Kansas Road, Suite 1 Sacramento, CA 95820	Legal Assistant Boggs & Miller	00.000	00.000	00.000
8e\03\00	Lien O. Nguyen 2098 Fruitridge Road, Suite 1 Sacramento, CA 95820	Self	00.000	00.000	00.000
8e\03\00			00.000	00.000	00.000
SUBTOTAL 00.000,00					

NAME OF OFFICER/ORDER OF CANDIDATE AND CONTRIBUTED COMMITTEE: Depoza Orlis, Morking Family for Depoza Orlis

MONETARY CONTRIBUTIONS RECEIVED
SCHEDULE A (CONTINUED)

STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 400
 STATEMENT COVERED PERIOD
 FROM 08/01/00 TO 08/31/00
 PERIOD 01 2000
 REPORTING PERIOD 01 2000

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME HAS BEEN ASSIGNED BY COMMITTEE IN ADDITION TO CONTRIBUTOR NAME AND ADDRESS ENTER CONTRIBUTOR NAME & ADDRESS)	NAME OF EMPLOYER (IF SELF-EMPLOYED ENTER INFORMATION RECEIVED)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (BY PERIOD)	CUMULATIVE TO DATE (IF APPLICABLE)
08/31/00	Deborah Ortiz, 3115 Wokingham Estates Dr, Depoeville, TN 37031	Information Reported	100.00	100.00	100.00
08/31/00	Beth A. Outlivey, 3833 Fremont Blvd., #205, Fremont, CA 94538	Genetics & Assoc.	120.00	220.00	220.00
08/31/00	George Ortiz, 2303 Spain Ave., Santa Rosa, CA 95402	Development Corp. Calif. Human Res. / C.E.O.	220.00	440.00	440.00
08/31/00	Deborah Ortiz, 2888 Sacramento CA, 1115 Quince Way, Sacramento, CA 95833	Refined	120.00	560.00	560.00
08/31/00	Oriental Food Store, 8180 Kiefer Blvd., Sacramento, CA 95832		200.00	760.00	760.00
08/31/00	Operating Engineers Local Union # 3, 1250 South Loop Road, Alameda, CA 94501		2,000.00	9,600.00	9,600.00
08/31/00	Beth A. Outlivey, 3833 Fremont Blvd., #205, Fremont, CA 94538		20.00	9,800.00	9,800.00
08/31/00	Louise B. Ollague, 3350 East Tulara Ct., Elk Grove, CA 95728		20.00	10,000.00	10,000.00

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Report for the period
 8e/10/70 to
 8e/30/80
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1001 to 24
 Page 1 of 1

Report ID# 81008e

Report for Depositor's Name and Controlled Committee:

NAME OF OFFICER/OWNER OR CANDIDATE AND CONTROLLED COMMITTEE:

DATE RECEIVED	DEPOSITOR'S NAME AND ADDRESS (IF COMMITTEE'S NAME AND ADDRESS ENTER DEPOSITOR'S NAME & ADDRESS)	NAME OF BUSINESS (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (LAST - DECSR)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
8e/11/80	State Officekeepers Association 182e AD, office of CA PAC 182e AD	ID# 810830	2,000.00	00.000,4	00.000,4
8e/30/80	Backyard Bell Inc. 182e AD, 8585e 182e AD	William L. Owen 182e AD, 8585e	00.000,4	00.000,8	00.000,8
8e/11/70	New L. Owen 182e AD, 8585e	Deputy Commissioner State of CA	20.20	00.000,20	00.000,20
8e/11/70	New L. Owen 182e AD, 8585e	Deputy Commissioner State of CA	20.20	00.000,40	00.000,40
8e/11/80	State Officekeepers Association 182e AD, office of CA PAC 182e AD	Referee State	00.000,4	00.000,84	00.000,84
8e/11/80	State Officekeepers Association 182e AD, office of CA PAC 182e AD	Director of Marketing The Spink Corporation	00.20	00.000,104	00.000,104
00.000,4					
* LATOTBUS					

(Sheet 2 of 2)
 Schedule A
 Contributions Received
 Monthly Contribution Sheet

ΣUBTOTAL 00.222.00

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR	OCCUPATION AND EMPLOYER (IF NOT EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (12-31)	DATE RECEIVED
08/18/88	Sacramento, CA 92831 1440 Greenhaven Dr., Apt 124 Paul Biekars	Law Offices of Thomas Blump Affiliate	250.00	250.00	00.220.00
08/30/88	Sacramento, CA 92833 8842 Stockton Blvd., #300 John Bac Hoa Viet Restaurant		200.00	450.00	200.00
08/30/88	Sacramento, CA 92833 8240 Stockton Blvd. Thomas T. Blum	Asian Plaza Owner	100.00	550.00	100.00
07/13/88	Sacramento, CA 92833 8120 Sandy Dancer Way Lose Perez	Latino Journal Publisher	100.00	650.00	100.00
08/15/88	W. Sacramento, CA 92833 P.O. Box 313 Ernesto J. Perez	J. Perez Law Office of Ernest Affiliate	100.00	750.00	500.00
08/23/88	Sacramento, CA 92833 3607 Coleman Way Ellie Enriquez Beck	Associates Enriquez Beck & Owner	100.00 12.00 132.00	882.00	800.00

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: **Deborah Ortiz, Working Families for Deborah Ortiz**
 ID NUMBER: **810088**
 DATE RECEIVED: **08/30/88**
 CUMULATIVE TO DATE: **88/03/88**
 CUMULATIVE TO DATE (IF APPLICABLE): **88/03/88**
 PAGE: **10** OF **100**
 SCHEDULE A (cont.)

Monetary Contributions Received Schedule A (Continuation Sheet)

RECEIVED DATE	DEPOSIT ON FILE	NAME OF OFFICER/ENDORSE OR CANDIDATE AND UNAUTHORIZED COMMITTEE	AMOUNT RECEIVED THIS PERIOD	PERIOD RECEIVED	NAME OF EMPLOYER (IF SELF-EMPLOYED ENTER "SELF-EMPLOYED")	AMOUNT RECEIVED TO DATE	TOTAL RECEIVED TO DATE (IF APPLICABLE)
8/18/00		WILLIAM D. POWERS 221 4th Ave. Sacramento, CA 95818	200.00	8/03	Retiree	200.00	200.00
8/18/00		K. C. Blumling 221 4th St. Sacramento, CA 95818	200.00	8/03		200.00	200.00
8/18/00		K. F. Communications, Inc. 221 4th St. Sacramento, CA 95818	200.00	8/03		200.00	200.00
8/18/00		Jeffery M. Kaimling 3333 Boyer Drive Sacramento, CA 95838	200.00	8/03	Bealer & Usher Townsend, Kaimling & Attorney	200.00	200.00
8/18/00		Marvin Kaimler, M.D. 2800 Capitol Ave., Ste 102 Sacramento, CA 95818	130.00	8/03	Physician	130.00	130.00
8/18/00		Republican Professional Political Action Committee 1155 11th Street, Suite 300 Sacramento, CA 95818	200.00	8/03	ID# 830843	200.00	200.00
TOTAL							



001 No 02 Page 8e\10\70
 RECEIVED DATE 8e\03\e0
 MONTH 8e\03\e0

004 ALABAMA DEPARTMENT OF PUBLIC SAFETY
 RECEIVED DATE 8e\10\70
 MONTH 8e\03\e0

NAME OF PERSON OR FIRM TO WHOM DELIVERED: CITRO PARADEL FOR SALES REPRESENTATIVE, CITRO PARADEL

DATE RECEIVED	NAME OF FIRM OR PERSON TO WHOM DELIVERED	ADDRESS	CITY	STATE	ZIP	DATE RECEIVED	NAME OF FIRM OR PERSON TO WHOM DELIVERED	ADDRESS	CITY	STATE	ZIP
8e\10\70	RESOLUTION CONSULTANTS, INC.	1001 E. BIVILLE BOULEVARD, SUITE 200	ELK GROVE	AL	36038	00.001	RESOLUTION CONSULTANTS, INC.	1001 E. BIVILLE BOULEVARD, SUITE 200	ELK GROVE	AL	36038
8e\10\70	BRUNN, BRUNN & ASSOCIATES, INC.	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203	00.001	BRUNN, BRUNN & ASSOCIATES, INC.	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203
8e\10\70	THE COMMERCIAL INSURANCE COMPANY OF ALABAMA	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203	00.001	THE COMMERCIAL INSURANCE COMPANY OF ALABAMA	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203
8e\10\70	THE COMMERCIAL INSURANCE COMPANY OF ALABAMA	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203	00.001	THE COMMERCIAL INSURANCE COMPANY OF ALABAMA	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203
8e\10\70	THE COMMERCIAL INSURANCE COMPANY OF ALABAMA	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203	00.001	THE COMMERCIAL INSURANCE COMPANY OF ALABAMA	1001 AVENUE OF THE STATES, SUITE 2000	BIRMINGHAM	AL	35203

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