

Schedule A (cont.)
Monetary Contributions Received

004
 STATE OF CALIFORNIA
 DEPARTMENT OF
 CONSUMER AFFAIRS

001 to 12 Page 88 of 101
 88/03/00 88/03/00
 2/19/00 2/19/00

NAME OF OFFICER/OWNER OF CANDIDATE AND CONTROLLED COMMITTEE: Deposition, sity of California
 ID NUMBER: 00088

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME & ADDRESS ENTER ID NUMBER OR IF NO ID NUMBER HAS BEEN ASSIGNED, "COMMITTEE" IN ADDITION TO COMMITTEE NAME AND ADDRESS)	NAME OF EMPLOYER (IF SET EMPLOYED ENTER)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (DEC 31)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
88/03/00	Antonio Brulea 158 N. Tentst St. Santa Paula, CA 93060	Self	100.00	100.00	
88/03/00	John L. Krebs 276-Streets Sacramento, CA 95812	Hanson, Boyd, Culshaw & Watson Attorney	200.00	300.00	
88/03/00	DAVID T. 00 300 T St. Sacramento, CA 95822	ID# 870122	200.00	500.00	
88/01/00	Michelle Kullille 9000 2nd St Sacramento, CA 95822	Legal Services of Northern CA Program Manager	20.00	520.00	
88/01/00	Georgia H. Rose 1731 13th Ave. Sacramento, CA 95832	Pacific Bell Manager/Director	100.00	620.00	
88/02/80	MARCO A. RODRIGUEZ 888 Boulevard Ct. Elk Grove, CA 95624	Information Resources	500.00	1120.00	

TOTAL 1,120.00



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DEPOSITOR'S NAME: Working for Billie and Controlled Committee
 ADDRESS: 1110 Depo...
 CITY: ...
 STATE: ...
 ZIP: ...

DATE RECEIVED	DEPOSITOR'S NAME AND ADDRESS	AMOUNT RECEIVED	DATE RECEIVED	DEPOSITOR'S NAME AND ADDRESS	AMOUNT RECEIVED	DATE RECEIVED
8e\0e\00	William G. Klutznick, Jr., 1110 Depo... 1832 Ave A, 94322 San Francisco, CA 94322	00.025	8e\0e\00	Information received	00.025	8e\0e\00
8e\0e\00	Don F. Sade, 2302 W. La Roma Dr., Sancho Corbora, CA 94322	00.021	8e\0e\00	Dr. William Optometric	00.021	8e\0e\00
8e\0e\00	San Francisco Area Fire Fighters PAC, 3101 Stockton Blvd., San Francisco, CA 94322	00.025	8e\0e\00	ESLISE ID# 23422	00.025	8e\0e\00
8e\0e\00	San Francisco Family Medical Clinic, Inc., 1430 4th Ave, San Francisco, CA 94322	00.001	8e\0e\00	ESLISE ID# 23422	00.001	8e\0e\00
8e\0e\00	San Francisco Police Officers Association Political Activities, 222 Capitol Mall, 94101 San Francisco, CA 94101	200.002	8e\0e\00	ESLISE ID# 23422	200.002	8e\0e\00
8e\0e\00	San Francisco Women's Campaign Fund, 2432 Madison Ave., San Francisco, CA 94341	1,000.00	8e\0e\00	ESLISE ID# 811113	1,000.00	8e\0e\00
TOTAL 3,840.00						

Schedule A (Continuation Sheet)
 Monthly Contributions Received

Schedule A (Cont'd)

Monthly Contribution Receipts

SCHEDULE A (Cont'd)
CONTRIBUTION RECEIPTS
FORM 1041-1

001 No 23 88/03/00
 RECEIVED MONTH

RECEIVED DATE
 88/03/00
 RECEIVED MONTH

RECEIVED DATE	NAME OF OFFICER/OWNER OR DONOR AND CONTRIBUTED COMMITTEE	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (THIS PERIOD + PREVIOUS)	CONTRIBUTOR AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (THIS PERIOD + PREVIOUS)	CONTRIBUTOR TO DATE OTHER (IF APPLICABLE)
88/03/00	ANDREW H. SAWYER SACRAMENTO, CA 95818	00.025	00.025	Resources CA State Water Meter Lawyer	00.025	00.025	
88/03/00	CARLA SANDER 11216 Labrador St. Northridge, CA 91325	120.00	120.00	President C.E.O.	120.00	120.00	
88/03/00	LORELY A. SANDER, Ph.D. 1740 Gold Coin Ct. Gold River, CA 95620	100.00	100.00	County of Sacramento Services Director of Medical	100.00	100.00	
88/03/00	SANDER SANDER 305 K St., Sacramento, CA 95818	00.025	00.025	State of CA Contract & Marketing Manager	00.025	00.025	
88/03/00	ERNEST A. SANDER 8308 Soring Oaks Dr. Elk Grove, CA 95728	100.00	100.00	Contract & Marketing Manager State of CA	100.00	100.00	
88/03/00	PAUL J. SANDER 999 A St Sacramento, CA 95832	00.00	00.00	Physician	00.00	00.00	

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SCHEDULE A (cont.)



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DATE RECEIVED: 8/10/00
 FROM: 8/10/00
 PAYEE: 8/10/00
 ID NUMBER: 8888

NAME OF OFFICER/HOLDER OR CANDIDATE/COMMITTEE: Deborah Ortiz

NAME OF OFFICER/HOLDER OR CANDIDATE/COMMITTEE: Deborah Ortiz

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS) ENTER ID NUMBER OR ID NUMBER HAS BEEN ASSIGNED	OFFICER/EMPLOYED EMPLOYER (IF SET/EMPLOYED EMPLOYER)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (YTD - DEC 31) (MAX)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/15/00	Blane A. Smith-Crowley 2541 Montgomery Way Sacramento, CA 95818	Information Resources	00.025	00.025	00.000
8/15/00	Mallice L. Smith 200 Hawthorn Rd. Sacramento, CA 95828	Access Records ASAP CEO/Business Owner	00.002	00.002	00.000
8/15/00	Rex Smith 878 Vallecito Way Sacramento, CA 95838	Self Attorney	00.002	00.002	00.000
8/15/00	M. J. Simmons 84 2nd Street Sacramento, CA 95818	Retired na	00.001	00.001	00.000
8/15/00	Genevieve A. Shivers 3333 Portola Way Sacramento, CA 95828	CA Air Resources Board -Sub. Environmental Engineer	00.025	00.025	00.000
8/15/00	Donald Sherrill 1331 Kildgeway Dr. Sacramento, CA 95838	Congress of CA Seniors Director	00.001	00.001	00.000

SUBTOTAL 1,100.00

**Money Contributions Received
 Schedule A (Cont'd)**



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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: _____
 Depositor's, City and State: _____

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>ENTER THE NUMBER AND ADDRESS OF CONTRIBUTOR IF NUMBER HAS BEEN ASSIGNED</small> <small>IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS</small> <small>ENTER ID NUMBER OF, IF NO ID NUMBER HAS BEEN ASSIGNED</small>	NAME OF BUSINESS <small>(IF SET, EMPLOYED BY)</small>	QUANTITY RECEIVED <small>(THIS COLUMN IS FOR SHARES)</small>	CUMULATIVE TO DATE <small>(IF APPLICABLE)</small>	DATE RECEIVED
8e\12\00	CARLOS E. SOLER P.O. Box 55849 Sacramento, CA 95838		00.001	00.001	8e\12\00
8e\01\00	MARCELO J. SANCHEZ 11336 Korteon Way Sacramento, CA 95828	Yanjotha Staff	00.27 00.03	00.000, 2	8e\01\00
8e\01\00	LUISE STEFANO 229 Fremont Way Sacramento, CA 95828	State of CA Manager	00.025	00.000, 2	8e\01\00
8e\08\00	ENRICE C. STEWART 2903 Via Califera Carmichael, CA 95608	Retired	00.02	100.00	8e\08\00
8e\08\00	GEORGE S. STEWART, D.D.S. 173 Seama Avenue Sacramento, CA 95828	Dentist George S. Stewart, D.D.S.	00.02	120.00	8e\08\00
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Money Contributions Received
Schedule A (Continuation Sheet)

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Notary covers for
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 88\03\00

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

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME AND ADDRESS ENTERED NUMBER OR IF NO ID NUMBER HAS BEEN ASSIGNED, THE COMMITTEE IN ADDITION TO CONTRIBUTOR NAME AND ADDRESS)	NAME OF EMPLOYER (IF SET EMPLOYED EMPLOYER)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (THIS PERIOD)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
88\03\00	ASBSE AD, ojtemamssas The Goddess of San Monahan Assoc. Inc. 23133rd St. ASBSE AD, ojtemamssas		00.23	00.23	00.23
08\18\80	West Sacramento, CA 95834-3818 2242 Boardman Ave. Technology Development Center		00.025	00.025	00.025
88\12\00	Megan Taylor Ave. Sacramento, CA 95828 Technology Development Center	The Taylor Group Lobbyist	00.025	00.025	00.025
88\11\00	Laureline J. Swadlow 313 Baird Dr. Folsom, CA 95630	American River Parkway Foundation Executive Director	00.001	00.001	00.001
88\08\00	Clifford V. Swadlow III 7002 Southchiff Dr. Fair Oaks, CA 95628	Psychiatric/Psychiatrist Self	00.201	00.201	00.201
88\03\00	Refer Robert Stone 2277 Mt. Diablo Ave Sacramento, CA 95828	Refer Robert Stone, Esq. Attorney	00.025	00.025	00.025

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
 Depo... ..

DATE RECEIVED	NAME OF CONTRIBUTOR (IF EMPLOYED ENTER EMPLOYER'S NAME AND ADDRESS)	AMOUNT RECEIVED	DATE RECEIVED	DATE RECEIVED	DATE RECEIVED
8e\10\10	THE HOLY COMPANY 801 K. St., S.W. Pl. Washington, DC 20004	00.025	00.001	00.001	00.025
8e\10\10	Thomas Development Ft. Belvoir	00.000	00.001	00.000	00.000
8e\10\10	III, Ronald P. Timmons 4400 N 22nd St. Washington, DC 20004	00.001	00.001	00.001	00.001
8e\10\10	William L. Tom & Holiday Cove 22831-1001 Washington, DC 20004	00.001	00.001	00.001	00.001
8e\10\10	Tom Tomiakson For Assembly 200 Main St., Ste 100 Martinez, CA 94523	00.001	00.001	00.001	00.001
8e\10\10	Christa Shinn Tomlin 2583 E. Blvd. Washington, DC 20004	00.001	00.001	00.001	00.001

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Schedule A (cont.)
 Monthly Contributions Received

NAME OF OFFICEHOLDER OR CANDIDATE AND COMMITTEED COMMITTEE: **Depositor's, City of, Workforce Families for Depositor's**

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME AND ADDRESS, ENTER NUMBER 2 NAME & ADDRESS) (IF CONTRIBUTOR'S NAME AND ADDRESS, ENTER ID NUMBER OR IF NO ID NUMBER HAS BEEN ASSIGNED, OF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (THIS PERIOD)	CUMULATIVE TO DATE (IF APPLICABLE) OTHER
88/03/00	Don Trillillo 2412 Seth Street #2 CA 91818	Regional Director CA Latino Civil Rights Network	100.00	00.00S	
88/03/00	Trihan Development 3075 Ave. CA 91818		00.00L 20.00	00.02S	
88/03/00	Ergebnis C. Treasler 3838 W. Broadway, Blvd #.e.00 CA 91818	Teacher	00.000, L 00.032	00.032, L	
88/03/00	California Political Education League 0000 Detroit Avenue CA 91818		00.000, L	00.032, S	
88/03/00	Top & Company Democratic Club P.O. Box 4141 CA 91818	ID# 018183	100.00L	00.00L	
88/03/00	Lawyer Cafe 1218 Broadway CA 91818		00.02S 00.02S	00.002	

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NAME OF OFFICE/HOLDER OF CANDIDATE AND COMMITTEED COMMITTEE: Deporal Office, Working Families for Deporal Office

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR <small>(ENTER THE ABOVE NAME & ADDRESS) <small>IF CONTRIBUTOR'S NAME HAS BEEN ASSIGNED <small>ENTER ID NUMBER OR ID NUMBER HAS BEEN ASSIGNED <small>IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS</small></small></small></small>	OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER <small>NAME OF BUSINESS)</small></small>	AMOUNT RECEIVED <small>THIS PERIOD</small>	CUMULATIVE TO DATE <small>(YTD - DEC 31)</small>	CUMULATIVE TO DATE <small>(IF APPLICABLE) <small>OTHER</small></small>
8/11/10	V. John White & Associates 100 Hill St., Ste 311 Alhambra, CA 91801		200.00	200.00	
8/18/10	San Rafael, CA 94901 122 North Redwood Dr., Ste 220 USA Waste Services		1,000.00	1,000.00	
8/30/10	Miners, CA 95824 8850 County Road 88 Frankridge	SCUSD Principals	100.00	1,100.00	
8/30/10	Sacramento, CA 95824 P.O. Box 33815 United Home Radio Broadcasters		312.00	1,412.00	
8/30/10	Oakland, CA 94612 0130 Broadway, Ste. 130 Dentista Medical Defense Union of American Physicians &	ID# 81158	200.00	1,612.00	
8/31/10	Sacramento, CA 95831 1832 E Land Park Dr. Keith K. Umeshiro	State of CA Consultant	100.00	1,712.00	

TOTAL 00,212.00

Statement covers period from 8e\10\70 to 8e\0e\80

NAME OF OFFICEHOLDER OR CANDIDATE: **СитиОфис**
 ADDRESS: **СитиОфис, 1010 1st St, San Francisco, CA 94103**
 PHONE: **415.774.1000**

DATE RECEIVED	NAME OF CONTRIBUTOR	AMOUNT RECEIVED THIS PERIOD	DATE RECEIVED (MM - DD - YY)	DATE RECEIVED TO DATE (IF APPLICABLE)	CUMULATIVE TO DATE (IF APPLICABLE)
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L
8e\10\70	EMILY E. VANDERBILT 3801 PARADE CT. EL DORADO HILLS, CA 95758	2003	00.00L	00.00L	00.00L

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Page 1 of 1
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NAME OF OFFICE/ORDER OR CANDIDATE AND CONTROLLED COMMITTEE:

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RECEIVED DATE	ENTER ID NUMBER OF PHOTO NUMBER HAS BEEN ASSIGNED, IF COMMITTEE IN ADDITION TO COMMITTEES NAME AND ADDRESS FULL NAME AND ADDRESS	NAME OF EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE (IF APPLICABLE)	OTHER CUMULATIVE TO DATE (IF APPLICABLE)
8e\10\10	Sacramento, CA 95831 S3 Mercantile Court David L. Malisoff	Holmes Murdoch, Malisoff & Conseant	00.000,1	00.000,1	00.000,1
8e\10\10	Roseville, CA 95601 1101 Santa Clara Dr., Ste 120 Malborn Chiropractic Clinic		00.005	00.005	00.005
8e\10\10	Sacramento, CA 95812 1125 Tribune Road, Ste 420 Wagner, Kirkman & Blaine		00.025	00.025	00.025
8e\10\10	Sacramento, CA 95833 9533 Donner Way Benjamin Wagner	U.S. Dept. of Justice Attorney	00.20	00.20	00.20
8e\10\10	Davis, CA 95618 2230 Whittier Dr. Don Willard	CA Institute for Agricultural Policy Group	00.001	00.001	00.001
8e\10\10	Salt Lake, CA 93001 1228 Cambridge Dr. Antonio Velasco, M.D.	Valle Verde Medical Group	00.001	00.001	00.001

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NAME OF OFFICE/ORDER OR CANDIDATE COMMITTEE: _____
 DEPOSITED BY: _____
 DEPOSITED ON: _____
 DEPOSITED AT: _____

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR HAS BEEN ASSIGNED, ENTER THE NUMBER AND ADDRESS)	NAME OF EMPLOYER (IF SET EMPLOYED ENTER NAME OF BUSINESS)	THIS PERIOD RECEIVED	CUMULATIVE TO DATE (YEAR - MONTH)	DATE TO DATE OTHER (IF APPLICABLE)
8e\15\10	901118 2120 2nd St, Apt E-3 85020 CA, USA		00.000,1	00.000,1	00.000,1
8e\11\10	25820 CA, USA 25820 CA, USA 25820 CA, USA		00.002	00.002	00.002
8e\10\10	25820 CA, USA 25820 CA, USA 25820 CA, USA	Referral	00.025	00.025	00.025
8e\11\10	25820 CA, USA 25820 CA, USA 25820 CA, USA	Referral	00.002	00.002	00.002
8e\11\10	25820 CA, USA 25820 CA, USA 25820 CA, USA		00.021	00.021	00.021
8e\15\10	25820 CA, USA 25820 CA, USA 25820 CA, USA		00.001	00.001	00.001

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Schedule A (cont.)
Monetary Contributions Received

STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 001 to 01 9999
 88/00/00 to 88/00/00
 88/00/00 to 88/00/00
 88/00/00 to 88/00/00

NAME OF OFFICER/CANDIDATE OR CANDIDATE AND CONTROLLED COMMITTEE: **Depot for Deporal**
 NAME OF EMPLOYER AND EMPLOYER: **Deporal**
 OCCUPATION AND EMPLOYER: **Deporal**
 AMOUNT RECEIVED: **100.00**
 DATE RECEIVED: **8/30/00**

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR'S NAME AND ADDRESS HAVE BEEN ASSIGNED, ENTER ID NUMBER OR IF NOT ID NUMBER HAS BEEN ASSIGNED, ENTER ID NUMBER IN ADDITION TO CONTRIBUTOR NAME AND ADDRESS)	NAME OF EMPLOYER (IF SET EMPLOYER ENTER)	AMOUNT RECEIVED	CONTRIBUTION TO DATE (IF APPLICABLE)	CUMULATIVE TO DATE (IF APPLICABLE)
8/30/00	William K. Wong 1200 1st St., #11B Sacramento, CA 95814	Senator Hilary Swillo	100.00	100.00	100.00
8/30/00	Women's Political Committee Los Angeles, CA 90006	CA State A.C.	100.00	100.00	100.00
8/30/00	Women Democratic Control Committee P.O. Box 12333 Sacramento, CA 95833	Deporal	100.00	100.00	100.00
8/30/00	William E. Miller 55828 AD, Sacramento	Deporal	100.00	100.00	100.00
8/30/00	William E. Miller 55828 AD, Sacramento	Deporal	100.00	100.00	100.00

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Non-Monetary Contributions Received
 Schedule C

NAME OF OFFICER/HOLDER OF CARD/INDICATE AND CONTROLLED COMMITTEE

Depot for the sale of ...

RECEIVED DATE	FULL NAME AND ADDRESS (IF ASSIGNED; ENTER NUMBER & ADDRESS)	POTENTIAL CONTRIBUTION (IF NUMBER AND ADDRESS)	DESCRIPTION OF GOODS OR SERVICES	DATE RECEIVED	AMOUNT	DATE RECEIVED	AMOUNT
88/00/00	Printers and ink	Printer's Ink	Printer's Ink	88/00/00	100.00	88/00/00	100.00
88/00/00	Printer's Ink	Printer's Ink	Printer's Ink	88/00/00	100.00	88/00/00	100.00
88/00/00	Printer's Ink	Printer's Ink	Printer's Ink	88/00/00	100.00	88/00/00	100.00

Non-Monetary Contributions Received

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 88/00/00 to 88/00/00
 from month

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NAME OF OFFICER/OWNER OF CANDIDATE AND CONTROLLED COMMITTEE:
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FULL NAME AND ADDRESS OF CONTRIBUTOR
 (IF ASSIGNED) ENTER THE CONTRIBUTOR'S NAME & ADDRESS
 ADDRESS' ENTER ID NUMBER OR IF NO ID NUMBER HAS
 (IF COMMITTEE) IN ADDITION TO COMMITTEE'S NAME AND
 ADDRESS' ENTER THE CONTRIBUTOR'S NAME & ADDRESS

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Non-Monetary Contributions Received
 Schedule C (Continuation Sheet)

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Page 10 of 10
 Total 88,030.00
 Amount 88,030.00
 Statement covers period from 1/1/00 to 12/31/00

Depotsh Ortis, Working Committee for Depotsh Ortis
 NAME OF OFFICER/HOLDER OF CANDIDATE AND COMMITTEED COMMITTEE:

REPORT ONLY THE TUMB SUM OF EACH PAYMENTS ON LINE 4 OF THE ORIGINAL SCHEDULE E
 IMPORTANT: DO NOT LISTEN THE PAYMENT OR ACCRUED EXPENSES ON SCHEDULE E

DATE	AMOUNT	DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF CONTRIBUTION IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER ID NUMBER OF ID NUMBER HAS BEEN ASSIGNED, ENTER THE NUMBER NAME & ADDRESS)
03.24E	352.10		G	Carmitcheal, CA 92608 4838 El Camino Ave., Apt SLS Ruby G. Brown
02.40L	101.40L		G	Sacramento, CA 92841 2611 Tehama St. Eric G. Butler
00.003,1	3,003.1	State Mailers		CA Organization of Police and Sheriff's Clubs Voter Guide 102-S E. Highwell Street #28 Roseom, CA 92630
00.00E	00.00E		F	Sacramento, CA 1021 Front St. California Safe

Other Than Loans Made
 Payments and Contributions
 (Contribution Sheet)
 Schedule E



Page 1 of 17
 Form 8801
 Statements covers below

88013 ID NUMBER
 Depository, Working Families for Depository Cities
 NAME OF OFFICER/HOLDER OR CASI/DIVIDEND AND CONTRIBUTED COMMITTEE:

REBORN ONLY THE TIME PERIOD OF EACH PAYMENT OR THE 4 OF THE QUARTER SECTION BELOW
 IMPORTANT: DO NOT REMOVE THE PAYMENT OR ACQUIRED EXPENSES ON SCHEDULE E

AMOUNT PAID	DESCRIPTION OF PAYMENT	FOR	CODE	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE ASSIGNED NAME & ADDRESS)
127.11			L	Capitalism Institute 2401 Westchester Way, #111 Sacramento, CA 95829
127.00			N	Capitalism Institute 480 El Camino Avenue, #D Sacramento, CA 95829-0014
30.703			L	Circle Design 2012 1st Street, #S02 Sacramento, CA 95829
19.173, 3			L	Digital Institute 1700 I Street Sacramento, CA 95829
80.241, 1			G	Charles K. DiPascoli 802 Kenton Way Sacramento, CA 95829

SS. EPE, 2 SUBTOTAL

**Include Schedule E
 Contributions and Contributions
 (Other than Loans Made
 by the Contributor)**



SCHEDULE E (cont)

001 to ST Page 88/101/10
 ID NUMBER 880013
 REPORTING PERIOD 03/30/00
 REPORTING PERIOD FROM 03/30/00 TO 03/30/00

Depositor's Mailing Address for Depositor Office
 NAME OF OFFICE/HOLDER OF CANDIDATE AND CONTROLLED COMMITTEE:
Other Than Loans) Payments and Contributions (Continuation Sheet) Schedule E

REPORT ONLY THE ITEMS AND EACH PAYEE ON THE YEAR OF THE PRIMARY SECTION BELOW
 IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E

DATE PAID	DESCRIPTION OF PAYMENT	FOR	CODE	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE IN ADDITION TO CANDIDATE NAME AND ADDRESS ENTER ID NUMBER OF CONTRIBUTOR AND BEING ASSIGNED) ENTER THE ADDRESS NAME & ADDRESS
00.024			G	Edwards Office Systems 252 E Street Alhambra, CA 91802
03.030, 1			G	Employment Development Department P.O. Box 88836 Alhambra, CA 91802
03.030, 1			G	Enterprise Rent A Car Enterprise Rent A Car 1435 Alhambra Blvd. Alhambra, CA 91802
03.030, 1			G	Edwards Office Systems 252 E Street Alhambra, CA 91802

03.030, 1 SUBTOTAL

AT 09/01/81

SUBTOTAL

AMOUNT PAID		DESCRIPTION OF PAYMENT	
DATE	AMOUNT	CODE	DESCRIPTION
02/23/81	1,000.00	G	02/23/81 L = 2199.00 G = 281.31 L = 2199.00 L = 281.31 L = 2199.00 L = 281.31
02/23/81	1,000.00	G	02/23/81 L = 2199.00 G = 281.31 L = 2199.00 L = 281.31 L = 2199.00 L = 281.31
02/23/81	1,000.00	G	02/23/81 L = 2199.00 G = 281.31 L = 2199.00 L = 281.31 L = 2199.00 L = 281.31
02/23/81	1,000.00	G	02/23/81 L = 2199.00 G = 281.31 L = 2199.00 L = 281.31 L = 2199.00 L = 281.31
02/23/81	1,000.00	G	02/23/81 L = 2199.00 G = 281.31 L = 2199.00 L = 281.31 L = 2199.00 L = 281.31

REPORT ONLY. THE TOTAL SUM OF EACH PAYMENT ON LINE 4 OF THE SUMMARY SECTION BELOW IMPORTANT: DO NOT USE THESE TO VERIFY THE PAYMENT OF ACCOUNT EXPENSES ON SCHEDULE E

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION	OR, IF NO ID NUMBER HAS BEEN ASSIGNED, EITHER THE OTHERS' NAME & ADDRESS (IF CONTRIBUTED TO COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS; ENTER ID NUMBER OR ID NUMBER)	DATE	AMOUNT
Sacramento, CA 95834 4513 43rd Ave. David M. Gull			
Sacramento, CA 95833 1780 Creekside Oaks #300 Firefighters Publications			
Rancho Cordova, CA 95670 1802 Klamath River Dr. William T. Fields			
Sacramento, CA 95814 171 10th St., Apt B Elihu J. Evans			
Sacramento, CA 95831 3 Cedar Grove Court Marie Estrada			

Depository Office, Working Families for Depository Office
NAME OF OFFICER/HOLDER OF CANDIDATE AND CONTRIBUTED COMMITTEE:
(Other Than Loans) Made Payments and Contributions (Continuation Sheet) Schedule E

AMOUNT	DESCRIPTION OF PAYMENT	CODE	FOR	NAME AND ADDRESS OF CONTRIBUTOR
00,000,00		2		J. Moore Methods, Inc. 1155 Elevation St., Ste 1080 Sacramento, CA 95814
828.21		1		James Woodson Photography 848 Owens Way Yellow Springs, CA 95253
05,741		2		Keri-Jade 2327-A H A-L232 Sacramento, CA 95828
49,237		2		Christopher S. Lee 1150 8th Ave., #11 Sacramento, CA 95818

REPORT ONLY THE FUNDING FOR WHICH PAYMENTS ON TIME FOR THE PRIMARY SECTION BEGINS
 IMPORTANT: DO NOT LIST THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E

Depositor's Working Families For Deposit Office
 NAME OF OFFICE/HOLDER OF CANDIDATE AND CONTROLLED COMMITTEE:
(Other Than Loans) Made Payments and Contributions (Continuation Sheet) Schedule E

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
 OF IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE PAYEE'S NAME & ADDRESS
 IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS: ENTER ID NUMBER

ID NUMBER: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

DEPOSIT OFFICE NUMBER: 00088
 DEPOSIT OFFICE NAME: _____
 DEPOSIT OFFICE ADDRESS: _____

AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE	OF	DATE	NAME AND ADDRESS OF CONTRIBUTOR
01. 28 2, 1	83. 84 2 = G 50. 8 2 = J 0 0 0 0 2 2	G	01. 28 2, 1		ELIZABETH MACKILLAN 26121 BIRCH AVE., #182 SACRAMENTO, CA 95834
20. 43 4		B			Makamoto Productions 3024 Gold Canal Dr., Ste D Rancho Cordova, CA 95670
SL. 24 5		G			Mark & Monica's Family Bizness 4121 Mansanitas Avenue 8020 Carmichael, CA 95608
00. 20 3, 00		G			Robert K. Maxwell 3401 Bermuda Ave., #1 Davis, CA 95618
47. 23 1		J			McBee Zyafema P.O. Box 4270 Athens, OH 45701

REPORT ONLY THE TOTAL SUM OF EACH PAYMENT ON LINE *OF THE PRIMARY SECTION BELOW
IMPORTANT: DO NOT ITEMIZE THE PAYMENT OR ACCRUED EXPENSES ON SCHEDULE E

Depotah Orlis, Working Families for Depositor Orlis

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE:
**(Other Than Loans) Msge
 Payments and Contributions
 (Continuation Sheet)
 Schedule E**

STATE OF CALIFORNIA

Page 10 of 27

88\10\10
88\08\00

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

001

(Cont.)

Margaret Merritt

Margaret Merritt
1732 Oakwood Way
Carmichael, CA 95608

Madona Property Management
2722 Madison Avenue, Ste. 18
Sacramento, CA 95814

Shawn McKee
8 State Capitol, Room 5148
Sacramento, CA 95814

MCI
P.O. Box 82023
Louisville, KY 40582-2023

NAME AND ADDRESS OF CONTRIBUTOR OR RECIPIENT OF CONTRIBUTION (IF CONTRIBUTOR IS DIFFERENT FROM RECIPIENT, ENTER NAME AND ADDRESS OF CONTRIBUTOR IN ADDITION TO COMMITTEE NAME AND ADDRESS. ENTER I.D. NUMBER OF I.D. NUMBER HAS BEEN ASSIGNED. ENTER PREVIOUS NUMBER (NAME & ADDRESS)

Working Families for Deborah Ortiz

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTRIBUTED COMMITTEE:

Deborah Ortiz, Working Families for Deborah Ortiz Other Than Loans) Made Payments and Contributions (Continuation Sheet) Schedule E

FORM NO. 400 1995	Page 38 of 100	REVENUE ID: 880013
Systemat covers below	88\00\00 88\00\00	

REVENUE ID: 880013

AMOUNT PAID

DESCRIPTION OF PAYMENT

CODE

182.38

See travel schedule.
See travel schedule.

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394.00

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LS. 2855.53 G = 2558.53
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Page 10 of 17

ID NUMBER 8100813

8/10/10
8/30/08
through
8/10/10

Statement covers period

NAME OF OFFICER OR CANDIDATE AND CONTROLLED COMMITTEE:

Depotriq Orlto, sirtio fhatodera for Depotriq Orlto

REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE 2011 FARA REPORT BELOW
 INFORMATION DO NOT LIST THE PAYMENT OR ACCRUED EXPENSES ON SCHEDULE E

DATE	DESCRIPTION OF PAYMENT	FOR	CODE	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS ENTER ID NUMBER OR IF ID NUMBER HAS BEEN ASSIGNED, ENTER THE NUMBER NAME & ADDRESS)
24. 02 03			G	MOYENO .M. L. NOYIA #4 H 2f . #4 Sacramento, CA
SS. 788, S			G	Linba Yvonne MORENO 2280 Conaunnea Mine Road 48208 Somerset, CA 92084
00.002,055			B	MORRIS & CARRICK 18th Floor 1 Madison Ave., New York, NY 10017
8178			G	MARLENE S. NESEFER 331 BOLSON DR. LIVERMORE, CA 94550
23. 418, 03			L	NOT CAL MAILING SSIA Aiden WAY, #155 25820 CA 92822

Other Than Loans) Payments and Contributions (Continuation Sheet) Schedule E

AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE	OR	DATE OF PAYMENT
85,000.00		G		
128.40		L		
12,411		G		

Sacramento, CA 95831
 230 43rd Ave., #3A
 Mrs. T. Peters

Sacramento, CA 95814
 333 C Street, P.O. Box 10540
 Palmer, a

San Francisco, CA 94110
 c/o Johnson Street, Room 1133
 Pacific Bell Bell Services Account

Sacramento, CA 95888 - 0001
 Payment Center
 Pacific Bell

Sacramento, CA 95812-4409
 Office Supplies Unlimited
 A 9th St
 The Tribune Bldg
 Sacramento, CA

OR IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE NUMBER (NAME & ADDRESS) OF THE COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS. ENTER ID NUMBER NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION

Depot's Office, Working Families for Depot's Office

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTRIBUTED COMMITTEE:

**(Other Than Loans) Made
 Payments and Contributions
 (Continuation Sheet)
 Schedule E**

980013
 ID NUMBER
 Page 8 of 100
 FORM 400
 STATEMENT COVER SHEET

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

Statement covers period from 08/01/00 to 08/03/00

DATE OF DEPOSIT: 08/03/00
NAME OF OFFICER/HOLDER OR PAYEE: HOLLY KEVLEE
NAME OF COMMITTEE: CIVIL RIGHTS

REPORT ONLY THE GROSS AMOUNT OF EACH PAYMENT OR THE TOTAL OF THE SUMMARY SECTION BELOW.
IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E.

DATE	AMOUNT	DESCRIPTION OF PAYMENT	CODE
08/03/00	5800.13		
01/01/00			
01/01/00			
01/01/00			
01/01/00			
01/01/00			
01/01/00			
01/01/00			
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CIVIL RIGHTS DEPARTMENT OF REVENUE
3150 MARKET STREET, SUITE 300
SAN FRANCISCO, CA 94103
TEL: (415) 774-3000

SCHEDULE E (cont)

004 **APPROVED**
FOR FILING

Page 08
8e\01\00
Month

FORM NO. 1008E

Statement covers period

8e\01\00

Depository, City, Working Families for Depository Cities

NAME OF OFFICE/HOLDER OF CANDIDATE AND COMMITTEED COMMITTEE:

(Other Than Loans) Made
Payments and Contributions
(Contribution Sheet)
Schedule E

REPORT ONLY THE GROSS AMOUNT OF EACH PAYMENT ON LINE 4 OF THE PRIMARY SECTION BELOW
IMPORTANT: DO NOT OMIT THE PAYMENT FOR ACCRUED EXPENSES ON SCHEDULE E

CONTRIBUTOR ID NUMBER	DESCRIPTION OF PAYMENT	FOR	CODE	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF CONTRIBUTOR'S NAME AND ADDRESS IS DIFFERENT FROM THE CONTRIBUTOR'S NAME AND ADDRESS) IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE CONTRIBUTOR'S NAME & ADDRESS
00.02A, L			F	Kenec Hatcwell Company 1885 Oso Ave. Millvale, CA 94540
2a.40L, S	11.41=L 22.24=L 22.25=L 22.26=L 22.27=L 22.28=L 22.29=L 22.30=L 22.31=L 22.32=L 22.33=L 22.34=L 22.35=L 22.36=L 22.37=L 22.38=L 22.39=L 22.40=L 22.41=L 22.42=L 22.43=L 22.44=L 22.45=L 22.46=L 22.47=L 22.48=L 22.49=L 22.50=L 22.51=L 22.52=L 22.53=L 22.54=L 22.55=L 22.56=L 22.57=L 22.58=L 22.59=L 22.60=L 22.61=L 22.62=L 22.63=L 22.64=L 22.65=L 22.66=L 22.67=L 22.68=L 22.69=L 22.70=L 22.71=L 22.72=L 22.73=L 22.74=L 22.75=L 22.76=L 22.77=L 22.78=L 22.79=L 22.80=L 22.81=L 22.82=L 22.83=L 22.84=L 22.85=L 22.86=L 22.87=L 22.88=L 22.89=L 22.90=L 22.91=L 22.92=L 22.93=L 22.94=L 22.95=L 22.96=L 22.97=L 22.98=L 22.99=L 23.00=L	22.55.80A 22.56.80A 22.57.80A 22.58.80A 22.59.80A 22.60.80A 22.61.80A 22.62.80A 22.63.80A 22.64.80A 22.65.80A 22.66.80A 22.67.80A 22.68.80A 22.69.80A 22.70.80A 22.71.80A 22.72.80A 22.73.80A 22.74.80A 22.75.80A 22.76.80A 22.77.80A 22.78.80A 22.79.80A 22.80.80A 22.81.80A 22.82.80A 22.83.80A 22.84.80A 22.85.80A 22.86.80A 22.87.80A 22.88.80A 22.89.80A 22.90.80A 22.91.80A 22.92.80A 22.93.80A 22.94.80A 22.95.80A 22.96.80A 22.97.80A 22.98.80A 22.99.80A 23.00.80A	G	River City Business Services 2432 Madison Avenue CA 94541
00.042			L	Koss Communications 1700 L Street Albany, CA 95717
18.88L			G	Sanramento Bee 1000 Q Street Sanramento, CA 95822
00.000, 2			C	Sanramento Metropolitan Registration Fund-Non Federal 2432 Madison Avenue Sanramento, CA 95841

ST. LBS, e SUBTOTAL

AMOUNT PAID	DESCRIPTION OF PAYMENT	FOR	CODE	DATE	AMOUNT PAID
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000
80.000	San Francisco, CA 94108-1824 P.O. Box 1824 State Compensation Insurance Fund		G	8/1	80.000

REPORT ONLY THE GROSS AMOUNT OF EACH PAYMENT ON LINE 4 OF THE SUMMARY SECTION BELOW
IMPORTANT: DO NOT OMIT THE PAYMENT OF VOUCHERED EXPENSES ON SCHEDULE E

Depot Air, Working Families for Depot Air

NAME OF OFFICE/ORDER OR CANDIDATE AND CONTROLLED COMMITTEE:
(Other Than Los Angeles)
Payments and Contributions
(Contribution Sheet)
Schedule E

Page 101 of 81
 from 8/1/00 to 8/31/00
 System can collect before

DIARY NUMBER	DESCRIPTION	FOR	CODE	AMOUNT
001				200.00
343				
551				
52				
20				

REPORT ONLY THE GROSS AMOUNT OF SUCH PAYMENTS ON LINE 4 OF THE PRIMARY SECTION BELOW
 INFORMATION DO NOT NET THE PAYMENT OR ACCUMULATED EXPENSES ON SCHEDULE E

Depositor Name, Address, Working Families for Deputies Office

NAME OF OFFICER/ORDER OR CANDIDATE AND CONTROLLED COMMITTEE:

Other Than Loans) Substitutions and Contributions Payments and Contributions (Contribution Sheet) Schedule E

Page 88 of 100
 88\08\00
 88\10\10
 001

AMOUNT	DESCRIPTION OF PAYMENT	FO	CODE	NAME AND ADDRESS OF CONTRIBUTOR	NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
100.00	Charitable donation		G	Fair Oaks, CA 92642 4748 Camilla Andrew J. Weast	San Francisco, CA 94118 333 Business Park Drive Cancer Fund Marionne Christian Ministries (Barbara Brown)
100.00			H	San Francisco, CA 94133-9100 5840 El Centro Road, Suite 102 Union Labor Bulletin	
1,000.00			G	Citrus Heights, CA 2330 Fountain Square Dr. U S Postal Service	
58,242.4			L	Santa Clara, CA 95054 Sally Scott Blvd. Top Notch Data	OF: ID NUMBER HAS BEEN ASSIGNED; ENTER THE ASSIGNEE'S NAME & ADDRESS IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS; ENTER ID NUMBER NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION

REPORT ONLY THE GROSS AMOUNT OF EACH PAYMENT ON LINE 4 OF THE PRIMARY SECTION BELOW
 IMPORTANT! DO NOT LIST THE PAYMENT OR ACCRUED EXPENSE ON SCHEDULE E

Depot Office, Working Families for Depot Office

NAME OF OFFICE/ORDER OF CANDIDATE AND CONTROLLED COMMITTEE:

(Other Than Loans) Made
 Payments and Contributions
 (Contribution Sheet)
 Schedule E

Page 03 of 100

8e\30\28
 01\01\28
 Statement covers period



001 to 48 page
 8e\0e\00 amount
 8e\00\00 amount
 Statement covers period from

DEPARTMENT OF REVENUE
 STATE OF ALASKA
 1100 EAST BROADWAY, ANCHORAGE, ALASKA 99501
 PHONE (907) 261-2000

CODES FOR CLASSIFYING EXPENDITURES

"A" -- LITIGATION
 "B" -- GENERAL OPERATIONS AND OVERHEAD
 "C" -- MONETARY AND IN-KIND (NON-MONETARY)
 "D" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "E" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "F" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "G" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "H" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "I" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "J" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "K" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "L" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "M" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "N" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "O" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "P" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "Q" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "R" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "S" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "T" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "U" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "V" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "W" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "X" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "Y" -- CONTRIBUTIONS TO OTHER CANDIDATES
 "Z" -- CONTRIBUTIONS TO OTHER CANDIDATES

NAME AND ADDRESS OF CONTRIBUTOR (IF CONTRIBUTOR IS DIFFERENT FROM RECIPIENT OF CONTRIBUTION)	NAME AND ADDRESS OF RECIPIENT OF CONTRIBUTION	CODE	DESCRIPTION OF CONTRIBUTION	AMOUNT
A T & T P.O. BOX 1810 PHOENIX, AZ 85028	DIGITAL 1001 JEFFERSON ALBANY, CA 94706	G	TELEPHONE SERVICE	10,000
ASSESSOR 8111 3RD AVENUE ANCHORAGE, AK 99505	STATE OF ALASKA 1100 EAST BROADWAY ANCHORAGE, AK 99501	J	PROPERTY TAXES	10,000

08.008, 11 LATOTBUS

Accrued Expenses Schedule E

- 00.000, 11 LATOTBUS
- 01.000, 11 LATOTBUS
- 02.000, 11 LATOTBUS
- 03.000, 11 LATOTBUS
- 04.000, 11 LATOTBUS
- 05.000, 11 LATOTBUS
- 06.000, 11 LATOTBUS
- 07.000, 11 LATOTBUS
- 08.000, 11 LATOTBUS
- 09.000, 11 LATOTBUS
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- 49.000, 11 LATOTBUS
- 50.000, 11 LATOTBUS

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 UNIVERSITY

Page 38 of 100

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ID NUMBER
 E1008e

Depository for Depository
 NAME OF OFFICER OR CANDIDATE AND CONTROLLED COMMITTEE:

AMOUNT ACCRUED
 ON SCHEDULE E, TIME 4 AND ON SCHEDULE E, TIME 4 DO NOT REPLICATE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.
 IMPORTANT! DO NOT REPLICATE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE GROSS AMOUNT OF PAYMENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
 (IF COMMITTEE IN ADDITION TO COMMITTEES NAME AND ADDRESS ENTER ID NUMBER
 OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE NUMBER NAME & ADDRESS)

CODE	DESCRIPTION OF OUTSTANDING DEBT	FOR	DATE	AMOUNT ACCRUED
G	For Cal mailing			2,000.00
G	SSIA Aiden Way, #115 2582e Sacramento, CA 9582e			00.000,2
G	Pacific Bell Payment Center 1000-0001 Sacramento, CA 9582e			00.000,2
G	Peace Officers Research Association of California 020 25e 25e 25e 115 115 115 4182e Sacramento, CA 9582e			00.000,2
G	Brea Keady 310A O Street 4182e Sacramento, CA 9582e			00.000,2
G	Holly Reeves 2500 Berry Dr., #8S 452e Citrus Heights, CA 95631			00.000,2

420
 STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE

Page 10 of 38

Statement covers period
 from 08/01/00 to 08/30/00

REPORTING PERIOD
 080088

NAME OF OFFICEHOLDER OR CANDIDATE AND TRADE OR CONTROLLED COMMITTEE:
 Depositor, City of San Francisco

ON SCHEDULE F, TIME AND ON SCHEDULE F, TIME AND DO NOT REENTER ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.
 INFORMATION: DO NOT REENTER THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE F OR F. REPORT ONLY THE NUMBER OF BYPAYMENTS

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
 IF COMMITTEE: IN ADDITION TO COMMITTEE'S NAME AND ADDRESS; ENTER ID, NUMBER
 OR, IF NO ID, NUMBER HAS BEEN ASSIGNED; ENTER THE ASSIGNED NAME & ADDRESS

AMOUNT	DESCRIPTION OF OUTSTANDING DEBT	CODE	FOR	CONTRIBUTION
27,500.11	PL 08-1 04, SSAT-G			Robert & Associates 2432 Madison Avenue Sacramento, CA 95841
15,112.22 = 1 22, 232 = 0				Robert & Associates 1700 L St. Sacramento, CA 95828
00,580.15		F		State Compensation Insurance Fund P.O. Box 1824 San Francisco, CA 94108
		G		State Compensation Insurance Fund P.O. Box 1824 Sacramento, CA 95824

re. 002, 1 SUBTOTAL

(Schedule F Contribution Sheet)
 (all figures in thousands)

1. Payment made by this agent or independent contractor shall be paid by **LATOT**

Payments made by this Agent or Independent Contractor Summary

Latotus **2** LATOTUS **2**

DATE	DESCRIPTION OF PAYMENT	CODE	FOR	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS ENTER NUMBER OF THE ID NUMBER HAS BEEN ASSIGNED)
8200		G		82 GENIY CST, a TИCK CO.

"O" -- OUTSIDE ADVERTISING
 "M" -- MEMBERSHIP AND PERIODICAL ADVERTISING
 "B" -- BROADCAST ADVERTISING
 "T" -- TELEVISION
 "C" -- CABLE TELEVISION
 "R" -- RENTALS
 "S" -- SIGNAGE
 "A" -- AIRFARE
 "E" -- ENTERTAINMENT
 "F" -- FUEL
 "G" -- GROUND TRANSPORTATION
 "H" -- HOTEL
 "I" -- INSURANCE
 "J" -- JET
 "K" -- KITCHEN
 "L" -- LABOR
 "M" -- MEALS
 "N" -- NEARBY AND PERIODICAL ADVERTISING
 "O" -- OUTSIDE ADVERTISING
 "P" -- PRINTING
 "Q" -- QUARTERS
 "R" -- RENTALS
 "S" -- SIGNAGE
 "T" -- TELEVISION
 "U" -- UTILITY
 "V" -- VEHICLE
 "W" -- WAREHOUSE
 "X" -- XEROX
 "Y" -- YARD
 "Z" -- ZOO

CODES FOR CLASSIFYING EXPENDITURES

NAME OF AGENT OR INDEPENDENT CONTRACTOR: _____
 Depositor Office, Working Families for Depositor Office
 NAME OF OFFICER/OWNER OR CANDIDATE AND COMMITTED COMMITTEE:
Candidate
Contractor (on Behalf of an Officer/owner or
Payments Made by an Agent or Independent
Schedule C

ID NUMBER: 80013
 DATE: 8/30/00
 FROM: 8/10/00
 THROUGH: 8/30/00

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE	OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
NEW YORK, NY 10018 15 M. ZILFMAN ST., 4TH FLOOR LUMINA FUNDATION -- MORIJO CORAL MUSEUM	B			2,000.00
ALAMO CENTER-Y-CENT	G			1,820.00
1500 LEGGEE, NW 88103 2812 W. KOSCIUSKO AVE., UNIT 501 AUBURN BOULEVARD	B			200.00
1000 AUBURN, CA 90058 6332 HOLLYWOOD AVE. THE BOAF GROUP	B			1,820.00
HOLLYWOOD, CA 90038 1011 15th STREET EASTMAN KODAK CO.	B			1,400.00
2500 FORT WASHINGTON, CA 94134 1302 EAVES AVE. OBERHEIMER SMITH	B			5,200.00

NAME OF AGENT OR INDEPENDENT CONTRACTOR: **BAJ-WILSON FILMS**

DEPOSIT OFFICE: **WORKING EMPLOYERS FOR DEPOSIT OFFICE**

NAME OF OFFICER/OWNER OR CANDIDATE AND COMMITTED COMMITTEE: **CONTRIBUTOR (on Behalf of an Officer/owner or Candidate) Payments Made by an Agent or Independent Scheduler G (Continuation Sheet)**

DATE: **08/30/00**

PERIOD: **08/01/00** TO **08/30/00**

DEPOSIT OFFICE: **888**

DEPOSIT OFFICE NUMBER: **001**

DEPOSIT OFFICE NAME: **WORKING EMPLOYERS FOR DEPOSIT OFFICE**

DEPOSIT OFFICE ADDRESS: **1500 LEGGEE, NW 88103**

DEPOSIT OFFICE CITY: **AUBURN**

DEPOSIT OFFICE STATE: **CA**

DEPOSIT OFFICE ZIP: **90058**

DEPOSIT OFFICE PHONE: **800-441-1111**

DEPOSIT OFFICE FAX: **800-441-1111**

DEPOSIT OFFICE WEBSITE: **WWW.WORKINGEMPLOYERSFORDEPOSITOFFICE.COM**

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Monica, CA 90403 858 3rd St. Beck's Book Brokers	B			00.000.00
Las Vegas, NV 89118 3650 W. Reno Blvd. Sonic, Inc.	B			00.000.00
Burling, WA 98313 P.O. Box 13148 Charles Muelan Inc. Agency, Inc.	G			120.00
ABC News	B			00.000.00
Hollywood, CA Clayton Hotel		lodging		00.000.00
Hollywood, CA Hollywood Inn		lodging		00.000.00

IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE ASSIGNED NAME & ADDRESS OF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS ENTER ID NUMBER NAME AND ADDRESS OF PAYEE OR CREDITOR

BST - Mairgen Birtwa

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Depotry Office, Morking Families for Depoisy Office

NAME OF OFFICER/OWNER OR CANDIDATE AND COMMITTED COMMITTEE:

Candidate
Contractor (on Behalf of an Officer/owner or
Payments Made by an Agent or Independent
Schedule C (Continuation Sheet)

ID NUMBER: 980013
 FROM: 08/30/98
 TO: 09/30/98
 STATEMENT COVERED BY:



SCHEDULE C (cont.)

00.000.1 JATOTBUS

AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE	OF	DATE
300.00		B		
1,000.00		B		

28218212 CA 82150
 531 Lafayette Way, Ste A
 Dave Burdge

Las Vegas, NV 89150
 6111 McGee Dr., Ste A
 Transfer West Duplication

NAME AND ADDRESS OF PAYEE OR CREDITOR
 IF COMMITTEE IN ADDITION TO COMMITTEE: NAME AND ADDRESS; ENTER ID NUMBER
 OR: IF NO ID NUMBER HAS BEEN ASSIGNED: ENTER THE NUMBER NAME & ADDRESS

BEL-Maiden Films

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Depotri Sisters, Working Families for Deposit Office

NAME OF OFFICER/OWNER OF CANDIDATE AND CONTRIBUTED COMMITTEE:

Candidate (on Behalf of an Officer/owner of Independent Payments Made by an Agent or Independent Schedule C Contribution Sheet)

8E1008E ID NUMBER

88D 88D

8E101070 8E1030E0

from through

Statement covers period

001

FOR TO LE

STATE OF CALIFORNIA

001

SCHEDULE G (cont)

1. Payments made by this agent or independent contractor (with respect to the contract) during the period from 1/1/88 to 12/31/88

Payments made by this Agent or Independent Contractor Summary

Page 1 of 1

DATE	DESCRIPTION OF PAYMENT	FOR	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE GIVER'S NAME & ADDRESS) OR, IF ID NUMBER HAS BEEN ASSIGNED, ENTER THE GIVER'S NAME AND ADDRESS, EXCEPT NUMBER
12/31/88			G	STATE OF CALIFORNIA SACRAMENTO, CA 95834

(MUST BE DESCRIBED)
 "J" -- TRAVEL, ACCOMMODATIONS AND MEALS
 "K" -- FUNDRAISING EVENTS
 "L" -- SUPPLIES, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
 "O" -- OUTSIDE ADVERTISING
 "M" -- MEMBERSHIP AND PERIODICAL ADVERTISING
 "P" -- BROCHURE ADVERTISING
 "T" -- TELEPHONE

CODES FOR CLASSIFYING EXPENDITURES

State of California

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Deborah Ortiz, Working Families for Deborah Ortiz

NAME OF OFFICER/HOLDER OF CANDIDATE AND CONTROLLED COMMITTEE:

Candidate (on Behalf of an Officer/holder of Contractor (on Behalf of an Agent or Independent Payments Made by an Agent or Independent Schedule C

Page 1 of 1
 ID NUMBER 28003
 Date 12/31/88
 Signature Date 12/31/88
 Signature

1. Payments made by this agent or independent contractor for this period LATOT

Payments made by this Agent or Independent Contractor Summary

Latot Subtotal

DATE	DESCRIPTION OF PAYMENT	CODE	FOR	NAME AND ADDRESS OF PAYEE OR CREDITOR
00.00		G		NAME AND ADDRESS OF PAYEE OR CREDITOR IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS ENTER ID NUMBER OR IF ID NUMBER HAS BEEN ASSIGNED, ENTER ID NUMBER (NAME & ADDRESS)
05.277,3		G		San Francisco, CA 94102 330 First Street Micro Computer Support
19.777		G		Office Depot 2400 Dole Avenue #1 Sacramento, CA 95811
331.155		G		Bel Air Market 2420 Dewey Drive Fair Oaks, CA 95628

"O" -- OUTSIDE ADVERTISING
 "A" -- ADVERTISING AND PUBLICATIONS
 "B" -- BOOKS AND PUBLICATIONS
 "C" -- TELEPHONE
 "D" -- TRAVEL, ACCOMMODATIONS AND MEALS
 "E" -- ENTERTAINING
 "F" -- BUSINESS EXPENSES
 "G" -- OTHER

CODES FOR CLASSIFYING EXPENDITURES

NAME OF AGENT OR INDEPENDENT CONTRACTOR: **Maxine Esteva**
 Address: **Dorothy Ortiz, Working Family for Deposits of Citizens**
 NAME OF OFFICER/OWNER OR CANDIDATE AND CONTROLLED COMMITTEE: **Maxine Esteva**
 FROM: **8/10/70** TO: **8/30/80**
 FROM: **8/10/70** TO: **8/30/80**
 FROM: **8/10/70** TO: **8/30/80**
 FROM: **8/10/70** TO: **8/30/80**

Payments Made by an Agent or Independent Contractor (on Behalf of an Officer or Candidate) Schedule C



SCHEDULE C

CODE	DESCRIPTION OF PAYMENT	FOR	DATE	AMOUNT PAID
G	FOR PAYEE OR CREDITOR NAME AND ADDRESS OF CANDIDATE AND CONTRIBUTED COMMITTEE: 2825 AUBURN BLVD. BALTIMORE, MD 21201			3 2 8 0 0

NAME OF AGENT OR INDEPENDENT CONTRIBUTOR:
 Deporal Office, Working Committee for Deporal Office

NAME OF OFFICER/HOLDER OR CANDIDATE AND CONTRIBUTED COMMITTEE:
Candidate (on Behalf of an Officer/holder or Contributor Made by an Agent or Independent Candidate)

DATE: 8/10/70

PERIOD: 8/10/70 TO 8/10/70

AMOUNT PAID: 32800

FORM NO. 400

SCHEDULE G (cont.)

1. Payments made by the Agent or Independent Contractor for this period

Payments made by the Agent or Independent Contractor Summary

LE . TOT **?** SUBTOTAL

AMOUNT	DESCRIPTION OF PAYMENT	FO	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE IN ADDITION TO COMMITTEE, NAME AND ADDRESS) ENTER ID NUMBER OF ID NUMBER HAS BEEN ASSIGNED
180.00	Levart Levart		G	PHOENIX, AZ 85008-8110 P.O. Box 18110 A T & T Wireless
00.00				
00.00				

"O" -- OUTSIDE ADVERTISING
 "M" -- MEMBERSHIP AND PERIODICAL ADVERTISING
 "B" -- BROADCAST ADVERTISING
 "L" -- LITERATURE
 "A" -- AIRFARE, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
 "F" -- FUNDRAISING EVENTS
 "T" -- TRAVEL, ACCOMMODATIONS AND MEALS
 (MUST BE DESCRIBED)

CODES FOR CLASSIFYING EXPENDITURES

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Deborah Pitts, Working Families for Depository

NAME OF OFFICER/HOLDER OR CANDIDATE AND COMMITTED COMMITTEE:
 Candidate

STATE NO. 80083

Page 8 of 10

8e/10/10

8e/03/00

001

STATEMENT COVER SHEET

1. Payment made by this agent or independent contractor with period Payment made by this Agent or Independent Contractor

Payment made by this Agent or Independent Contractor

02. FEB, 1 2 LATOTBUB

DATE	DESCRIPTION FOR MONTH	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS ENTER ID NUMBER OF IF ID NUMBER HAS BEEN ASSIGNED; ENTER THE ADDRESS NAME & ADDRESS)
00. EBI		F	Fair Oaks, CA 92638 2311 Sunrise Blvd. TRACY 95268
FE. SAS		G	Sacramento, CA 95841 2400 Dale Avenue #1 Office Debot
EE. OIT		L	Citrus Heights, CA 8330 Courgain Square Dr. U S Postal Service
2T. LAL LE. STS		F G	Sacramento, CA 501 Expo #411 Cosco Wholesale

"O" .. OUTSIDE ADVERTISING
 "M" .. MEMBERSHIP AND PERIODICAL ADVERTISING
 "B" .. BUSINESS ADVERTISING
 "L" .. LITERATURE
 (MUST BE DESCRIBED)
 "T" .. TRAVEL, ACCOMMODATIONS AND MEALS
 "K" .. ENTERTAINING EVENTS
 "A" .. AIRFARE, SIGNATURE GATHERING, BOOK-TO-BOOK SOLICITATIONS

CODES FOR CLASSIFYING EXPENDITURES

NAME OF AGENT OR INDEPENDENT CONTRACTOR: Deborah Ortiz, Working Families for Debrah Ortiz
 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: Candidate (on Behalf of an Officeholder or Contractor Made by an Agent or Independent Payments Made by an Agent or Independent Schedule C (Continuation Sheet)

001 ID NUMBER 280013	PAGE 23	FROM 88/00/00	THROUGH 88/00/00	POLY 88/00/00
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AMOUNT PAID	DESCRIPTION OF PAYMENT	OR	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE IN ADDITION TO CANDIDATE STATE AND COMMITTEED COMMITTEE: NAME AND ADDRESS OF CANDIDATE AND COMMITTEED COMMITTEE: NAME AND ADDRESS)</small>
22.22			F	Sacramento, CA 95821
22.32			G	Wishing Well

NAME OF AGENT OR INDEPENDENT CONTRACTOR: **Jeffrey Merritt**

DEPOSIT FAMILIES FOR DEPOSIT OFFIS: **Working Families for Depository Offis**

NAME OF OFFICER/HOLDER OR CANDIDATE AND COMMITTEED COMMITTEE: **Candidate (on Behalf of an Officer/holder of Contractor) made by an Agent or Independent Payments Schedule C (Continuation Sheet)**

STATEMENT COVERS PERIOD FROM: **03/30/08** THROUGH: **01/01/08**

STATEMENT NUMBER: **00000001**

STATEMENT COVERS PERIOD FROM: **03/30/08** THROUGH: **01/01/08**

STATEMENT NUMBER: **00000001**

1. Payments made by this agent or independent contractor for the period: **1/1/81 to 12/31/81**

Payments made by the Agent or Independent Contractor Summary

SE. REC. 1 2 LATOTBUB

DATE	DESCRIPTION OF PAYMENT	FOR	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE IN ADDITION TO COMMITTEE'S NAME AND ADDRESS ENTER ID NUMBER OF COMMITTEE)
12.31.81			G	Sacramento, CA 95834-1338 1451 No. Market Blvd. Shirley Property Distribution Document State Agency for
12.31.81			G	Sacramento, CA 95841 2400 Dafe Avenue #1 Office Debot
12.31.81			G	Sacramento, CA 95814 1500 1 Street Kinko, a
12.31.81			G	Sacramento, CA Riveraide Target

"O" -- OUTSIDE ADVERTISING
 "N" -- NEWSPAPER AND PERIODICAL ADVERTISING
 "B" -- BROADCAST ADVERTISING
 "T" -- TELEVISION
 (MUST BE DESCRIBED)
 "1" -- TRAVEL, ACCOMMODATIONS AND MEALS
 "E" -- ENTERTAINING ELEMENTS
 "S" -- SUKLEVA, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

CODES FOR CLASSIFYING EXPENDITURES

Китара Биеффикоин

NAME OF AGENT OR INDEPENDENT CONTRACTOR:
Deborah Ortiz, Working Families for Deborah Ortiz

NAME OF OFFICER/HOLDER OR CANDIDATE AND COMMITTEED COMMITTEE:
Candidate)

001 to 999
 FROM 8/00/80 TO 8/00/80
 THROUGH 8/00/80 TO 8/00/80

880013
 ID NUMBER
 880013

004
 DEPARTMENT
 004

SCHEDULE G (cont.)

AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS; ENTER ID NUMBER OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THESE NUMBERS NAME & ADDRESS)
224.32		G	Sacramento, CA 95834 P.O. Box 245714 Benefits Div. Public Employees Retirement System Health

NAME OF AGENT OR INDEPENDENT CONTRACTOR: **Richard J. ...**

Depositor's name for Deposits of this Candidate: **...**

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE: **...**

Page **100** of **100**
 ID NUMBER **210083**
 Date **08/03/08**
 Time **07:01:08**
 Statement covers period from **08/01/08** to **08/03/08**

Schedule C (Continuation Sheet)
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

1. Payments made by this agent or independent contractor this period LATOT

Payments made by this Agent or Independent Contractor Summary

ES. JLT 1 LATOTBVS

AMOUNT PAID	DESCRIPTION OF PAYMENT	FO	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS; ENTER ID. NUMBER OF IF NO. NUMBER HAS BEEN ASSIGNED; ENTER THESE NUMBERS NAME & ADDRESS)
ES. JLT 1			F	STATEMENTS, CA 22828 8120 Mainbrook Dr. Good Impressions

(MOST BE DESCRIBED)
 "J" -- TRAVEL, ACCOMMODATIONS AND MEALS
 "L" -- FUNDRAISING EVENTS
 "S" -- SURVEY, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"O" -- OUTSIDE ADVERTISING
 "M" -- MEMBERSHIP AND PERIODICAL ADVERTISING
 "B" -- BROCHURE ADVERTISING
 "T" -- TELEPHONE

CODES FOR CLASSIFYING EXPENDITURES

PHI PREFERENCE

NAME OF AGENT OR INDEPENDENT CONTRACTOR:

Depot Office, Working Parties for Depot Office

NAME OF OFFICER OR CANDIDATE AND CONTROLLED COMMITTEE:

Candidate
Contractor (on Behalf of an Officer or Independent
Payments Made by an Agent or Independent
Schedule G (Continuation Sheet)

880012	Page	of	100
880012	ID. NUMBER	through	88/30/88
		from	88/01/88
SCHEDULE G (cont.)			

1. Payment made by this agent or independent contractor with party **Payment made by this Agent or Independent Contractor**

Payment made by this Agent or Independent Contractor

AD. LIST **→ LATOTUS**

DATE	DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR
00.00		G	Sacramento, CA 95814 447 E Street Folsom
07.83		G	Citrus Heights, CA 2488-A Sunrise Blvd. Lvsr City
10.10		L	Sacramento, CA 95814 1415 O Street Allied Printing Co.
10.10		G	Sacramento, CA C&T Expo #411 Coafco Wholesale

NAME AND ADDRESS OF PAYEE OR CREDITOR
 OF IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE CANDIDATE'S NAME AND ADDRESS; ENTER ID NUMBER IF COMMITTEE IN ADDITION TO CANDIDATE'S NAME AND ADDRESS

"O" -- OUTSIDE ADVERTISING
 "M" -- MEMBERSHIP AND PERIODICAL ADVERTISING
 "B" -- BROADCAST ADVERTISING
 "I" -- TELEPHONE

"T" -- TRAVEL ACCOMMODATIONS AND MEALS
 "E" -- ENTERTAINING ELEMENTS
 "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

(MUST BE DESCRIBED)

CODES FOR CLASSIFYING EXPENDITURES

Holly Keeler

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Deborah Ortiz, Working Families for Deborah Ortiz

NAME OF OFFICER OR CANDIDATE AND COMMITTEE COMMITTEE:
Candidates

Contractor (on Behalf of an Officer or Independent Candidate)
Payments Made by an Agent or Independent Contractor
Schedule C (Continuation Sheet)

Page 01 of 08
 ID NUMBER 080013

through 08/30/08
 from 08/10/07

2007 FORM 1042-C
 FEDERAL ELECTION COMMISSION



001 to 999 Page 88 of 103 of 103

ID NUMBER 810082

Statement covers period from 01/01/00 to 03/31/00

CODES FOR EXPENSES

- "O" -- OUTSIDE ADVERTISING
- "M" -- MEMBERSHIP AND PERIODICAL ADVERTISING
- "B" -- BROADCAST ADVERTISING
- "T" -- TELEPHONE
- "A" -- AIRFARE, SIGNATURE GATHERING, BOOK-TO-BOOK PROMOTIONS
- "L" -- TRAVEL, ACCOMMODATIONS AND MEALS
- "F" -- FUNDRAISING EVENTS

NAME OF AGENT OR INDEPENDENT CONTRACTOR: Depoim Heights, CA
 NAME OF OFFICER/OWNER OR CANDIDATE AND CONTROLLED COMMITTEE: Depoim Heights, CA
 NAME OF AGENT OR INDEPENDENT CONTRACTOR: Working Families for Depoim Heights

Candidate (on behalf of an Officer/owner or Independent Contractor) on behalf of an Agent or Independent Contractor (on behalf of an Officer/owner or Independent Contractor) Schedule C (Continuation Sheet)

AMOUNT PAID	DESCRIPTION OF PAYMENT	FO	CODE	NAME AND ADDRESS OF CREDITOR OR COMMITTEE IN ADDITION TO EMPLOYER'S NAME & ADDRESS (IF NO ID NUMBER HAS BEEN ASSIGNED, EMPLOYER'S NAME & ADDRESS)
00.00			L	U S Postal Service e330 Coulbain Square Dr. Cittus Heights, CA

00.00 240.00 LATOTUS

00.00 240.00 LATOTUS

Yammyu2 robsgrubel to the DA with yd ebam elnemya



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

Page 100 of 100

NAME OF OFFICER/HOLDER OR CANDIDATE AND COMMITTED COMMITTEE:

Depotst Office, Working Families for Deposits Office

INCREASE TO CASH AMOUNT OF 80.13

80.13
89.29
S. 38

Interest earned on Bsaarbook\CD Account
Interest earned on Bsaarbook\CD Account
Interest earned on Bsaarbook\CD Account

RECEIVED DATE
8/30/00
8/31/00
8/31/00

U. S. BANK
4182 e
1st Street
Sacramento, CA 95828

DESCRIPTION OF RECEIPT

FULL NAME AND ADDRESS OF SOURCE
OR, IF NO ID NUMBER HAS BEEN ASSIGNED, ENTER THE NUMBER & NAME & ADDRESS
IF COMMITTEE IN ADDITION TO COMMITTEE NAME AND ADDRESS ENTER ID NUMBER

SUBTOTAL

Miscellaneous Increases to Cash Summary

S.L. SET	INCREASE TO CASH	DESCRIPTION	DATE
00.00	\$	Interest received from other	
00.00	\$	Interest received from other	
00.00	\$	Interest received from other	
S.L. SET	INCREASE TO CASH	SUBTOTAL	

