

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

ADDRESS (number and street) P.O. BOX 1949 LITTLEROCK CA 93543-5949

2. FEC IDENTIFICATION NUMBER C C00278333 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY) (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. COLACO, ROBERT, SENIOR TREASURER, , , Type or Print Name of Treasurer

Signature of Treasurer COLACO, ROBERT, SENIOR TREASURER, , , Date 07 / 31 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="72.80"/>	<input type="text" value="72.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="72.80"/>	<input type="text" value="72.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72.80"/>	<input type="text" value="72.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="11458.24"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

Report Covering the Period: From: / / To: / /

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

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5643**

LOAN SOURCE Full Name (Last, First, Middle Initial) CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG) ST TO FED LOAN			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647				
City VAN NUYS	State CA	ZIP Code 91409		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
23.61	9.00	14.61

TERMS

Date Incurred MM / DD / YYYY 07 / 09 / 2012	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	14.61
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5647**

LOAN SOURCE Full Name (Last, First, Middle Initial) CITIZENS FOR A BETTER AMERICA (R) (CFABA.ORG) ST TO FED LOAN			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 7647				
City VAN NUYS	State CA	ZIP Code 91409		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.00	0.00	19.00

TERMS

Date Incurred MM / DD / YYYY 10 / 15 / 2012	Date Due MM / DD / YYYY n/a	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	19.00
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.30**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
943.59	562.29	381.30

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 03 / 31 / 1996	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	381.30
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.4295**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS

Date Incurred MM / DD / YYYY 08 / 19 / 2002	Date Due MM / DD / YYYY NONE	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	300.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.4330**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
170.00	0.00	170.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y 10 / 30 / 2002	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	170.00
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5089**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22.00	0.00	22.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 01 / 25 / 2006	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	22.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5168**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
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TERMS

Date Incurred MM / DD / YYYY 10 / 11 / 2006	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 200.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5227**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
225.00	0.00	225.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 03 / 2007	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	225.00
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5203**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125.00	0.00	125.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 27 / 2007	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	125.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5238**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
66.00	0.00	66.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 01 / 2007	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	66.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5240**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan 70.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 70.00
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TERMS

Date Incurred MM / DD / YYYY 11 / 04 / 2007	Date Due MM / DD / YYYY NONE	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 70.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5237**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110.00	0.00	110.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 10 / 2007	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	110.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5276**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75.00	0.00	75.00

TERMS

Date Incurred MM / DD / YYYY 02 / 06 / 2008	Date Due MM / DD / YYYY NONE	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	75.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5278**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	0.00	5.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 03 / 14 / 2008	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	5.00
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5313**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan 50.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50.00
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TERMS

Date Incurred MM / DD / YYYY 07 / 13 / 2008	Date Due MM / DD / YYYY N/A	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 50.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5320**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65.00	0.00	65.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 10 / 2008	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	65.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5345**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
46.00	0.00	46.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 05 / 2008	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	46.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5396**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan 60.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60.00
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TERMS

Date Incurred MM / DD / YYYY 02 / 08 / 2009	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 60.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5399**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60.00	0.00	60.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 06 / 09 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	60.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5423**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
56.00	0.00	56.00

TERMS

Date Incurred MM / DD / YYYY 07 / 08 / 2009	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	56.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5425**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
62.00	0.00	62.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 08 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	62.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5426**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
59.00	0.00	59.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 13 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	59.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5427**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
112.00	0.00	112.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 06 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	112.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5450**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
104.00	0.00	104.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY 02 / 11 / 2010	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	104.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5451**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
107.60	0.00	107.60

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 03 / 13 / 2010	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	107.60
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5466**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLEROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
105.40	0.00	105.40

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 06 / 2010	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	105.40
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5467**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1300.00	0.00	1300.00

TERMS

Date Incurred MM / DD / YYYY 05 / 19 / 2010	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	1300.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5698**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, GAIL, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 24 / 2013	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	400.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.13**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1115.44	820.44	295.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 16 / 1992	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	295.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.22**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949				
City	State	ZIP Code		
LITTLE ROCK	CA	93543-5949		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1618.57	328.00	1290.57

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 06 / 01 / 1995	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	1290.57
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.26**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1242.57	210.00	1032.57

TERMS

Date Incurred MM / DD / YYYY 12 / 01 / 1995	Date Due MM / DD / YYYY NONE	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	1032.57
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5116**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan 200.00	Cumulative Payment To Date 120.00	Balance Outstanding at Close of This Period 80.00
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TERMS

Date Incurred MM / DD / YYYY 06 / 16 / 2006	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 80.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5226**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 13 / 2007	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional) ▶	<input type="text" value="250.00"/>
TOTALS This Period (last page in this line only) ▶	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5397**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45.00	0.00	45.00

TERMS

Date Incurred MM / DD / YYYY 03 / 09 / 2009	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	45.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5398**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
51.00	0.00	51.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 04 / 14 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	51.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5424**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4.00	0.00	4.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 07 / 14 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	4.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5428**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
101.75	0.00	101.75

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 10 / 13 / 2009	MM / DD / YYYY	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	101.75
TOTALS This Period (last page in this line only)	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5468**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1200.00	0.00	1200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 05 / 19 / 2010	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	1200.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5620**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
41.40	0.00	41.40

TERMS

Date Incurred MM / DD / YYYY 04 / 30 / 2012	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	41.40
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5624**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLEROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21.12	0.00	21.12

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 08 / 15 / 2012	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	21.12
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5682**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70.00	0.00	70.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 12 / 19 / 2012	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	70.00
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5697**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS

Date Incurred MM / DD / YYYY 10 / 24 / 2013	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	350.00
TOTALS This Period (last page in this line only)	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5736**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.00	0.00	7.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 01 / 05 / 2015	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	7.00
TOTALS This Period (last page in this line only)	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5747**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 07 / 27 / 2015	MM / DD / YYYY N/A	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	100.00
TOTALS This Period (last page in this line only)..... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5771**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City	State	ZIP Code	
LITTLE ROCK	CA	93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
48.68	0.00	48.68

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 27 / 2017	MM / DD / YYYY N/A	% (apr) 0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	48.68
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.5776**

LOAN SOURCE Full Name (Last, First, Middle Initial) COLACO, ROBERT, , ,		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 1949			
City LITTLE ROCK	State CA	ZIP Code 93543-5949	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
48.68	0.00	48.68

TERMS

Date Incurred MM / DD / YYYY 09 / 28 / 2018	Date Due MM / DD / YYYY N/A	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	48.68
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.4927**

LOAN SOURCE Full Name (Last, First, Middle Initial) PROVIDIAN BANK VISA CC 2040		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 660548			
City DALLAS	State TX	ZIP Code 75266-0548	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1058.20	736.93	321.27

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 03 / 18 / 2005	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	321.27
TOTALS This Period (last page in this line only)	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)** Transaction ID : **SC/10.20**

LOAN SOURCE Full Name (Last, First, Middle Initial) SHEMANSKI, DAVID, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 24819 ALDERBROOK			
City NEWHALL	State CA	ZIP Code 91321	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
802.35	15.00	787.35

TERMS

Date Incurred MM / DD / YYYY 01 / 01 / 1995	Date Due MM / DD / YYYY NONE	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	787.35
TOTALS This Period (last page in this line only)	10515.30

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BANK OF AMERICA VISA CC 2002			Nature of Debt (Purpose): VEHICLE EXPENSES
Mailing Address P. O. BOX 53132			
City PHOENIX	State AZ	Zip Code 85072-3132	

Outstanding Balance Beginning This Period <input type="text" value="70.18"/>	Transaction ID : SD10.4389	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="70.18"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BANK OF AMERICA VISA CC 2002			Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address P. O. BOX 53132			
City PHOENIX	State AZ	Zip Code 85072-3132	

Outstanding Balance Beginning This Period <input type="text" value="35.63"/>	Transaction ID : SD10.4822	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="35.63"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLACO, GAIL, , ,			Nature of Debt (Purpose): Trademark and Government Fees
Mailing Address P.O. BOX 1949			
City LITTLEROCK	State CA	Zip Code 93543-5949	

Outstanding Balance Beginning This Period <input type="text" value="330.00"/>	Transaction ID : SD10.4179	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="330.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="435.81"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FIRST BANKCARD VISA CC 2030			Nature of Debt (Purpose): BALANCE AT PERIOD END.
Mailing Address PO BOX 2814			
City OMAHA	State NE	Zip Code 68103-2814	

Outstanding Balance Beginning This Period <input type="text" value="85.61"/>	Transaction ID : SD10.4520	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="85.61"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDIAN BANK VISA CC 2040			Nature of Debt (Purpose): PURCHASES MADE ON CREDIT CARD.
Mailing Address PO BOX 660548			
City DALLAS	State TX	Zip Code 75266-0548	

Outstanding Balance Beginning This Period <input type="text" value="281.68"/>	Transaction ID : SD10.4705	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="281.68"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROVIDIAN BANK VISA CC 2040			Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PO BOX 660548			
City DALLAS	State TX	Zip Code 75266-0548	

Outstanding Balance Beginning This Period <input type="text" value="17.56"/>	Transaction ID : SD10.4785	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17.56"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="384.85"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CITIZENS FOR A BETTER AMERICA(R) (CFABA.ORG)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC-PHONE SERVICE			Nature of Debt (Purpose): INCOMING PHONE SERVICE.
Mailing Address PAYMENT CENTER			
City SAC	State CA	Zip Code 95887-0001	

Outstanding Balance Beginning This Period <input type="text" value="74.09"/>	Transaction ID : SD10.4735	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="74.09"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SBC-PHONE SERVICE			Nature of Debt (Purpose): ADDITIONAL INCURRED.
Mailing Address PAYMENT CENTER			
City SAC	State CA	Zip Code 95887-0001	

Outstanding Balance Beginning This Period <input type="text" value="48.19"/>	Transaction ID : SD10.4783	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="48.19"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="122.28"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="942.94"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="10515.30"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="11458.24"/>