Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA FORM** 01/01/2005 through 06/30/2005 Page - 19 23 I.D. NUMBER 990305

SEE INSTRUCTIONS ON REVERSE NAME OF FILER LEE BACA ATTORNEY'S FEES FUND

•										
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)			
06/04/2005	GRAND HAVANA ENTERPRISES, INC.	□IND □COM ⊠OTH □PTY □SCC		FOOD & BEVERAGE	1,000.00	1,000.00				
05/22/2005	JIM HABER	⊠IND □COM □OTH □PTY □SCC	BUSINESS OWNER HABER DENTAL CENTER	FOOD & BEVERAGE	300.00	300.00				
05/16/2005	HANIF HIRJI	☑IND □COM □OTH □PTY □SCC	GLOBAL AMERICA, INC.	FOOD & BEVERAGE	500.00	500.00				
05/16/2005	NARMIN HIRJI	☑IND □COM □OTH □PTY □SCC	CFO GLOBAL AMERICA, INC.	FOOD & BEVERAGE	500.00	500.00				
Attach ad	ditional information on appropriately label	led continuat	tion sheets.	SUBTOTAL	2,300.00	Contract				

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) 0.00 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ 3. Total nonmonetary contributions received this period.

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee

3,800.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

*Contributor Codes

Schedule C Nonmonetary Contributions Received

3. Total nonmonetary contributions received this period.

Type or print in ink.

Amounts may be rounded to whole dollars.

	TIONS ON REVERSE				throu	gh 06/30/2005		Page _20	of23	
NAME OF FILER									 ER	
LEE BACA A	TTORNEY'S FEES FUND	-						990305		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVI	· · · · · · · · · · · · · · · · · · ·		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRED)	
05/15/2005	Andre Skaf	⊠IND □COM □OTH □PTY □SCC	PARTNER AGS GLOBAL FINANCIAL LT	FOOD & BEVERAGI	E	500.00		500.00		
05/20/2005	WESTIN BONAVENTURE HOTEL	□IND □COM □OTH □PTY □SCC		FUNDRAISING EV	ENT	1,000.00		,000.00		
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
Attach ad	ditional information on appropriately labe	eled continuat	ion sheets.	SUBTO	TAL \$	1,500.00				
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$	3,800.00	IND		t Committee	
2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$						0.00		(other than PTY or SCC) OTH – Other (e.g., business entity)		

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3,800.00

SCC - Small Contributor Committee