

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Drew Leavens for Congress

ADDRESS (number and street) 525 E. Seaside Way, #101-C
 Check if different than previously reported. (ACC) Long Beach CA 90802

2. **FEC IDENTIFICATION NUMBER** C C00554493 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CA 45

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 05 / 15 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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

Type or Print Name of Treasurer Gary Crummitt

Signature of Treasurer Gary Crummitt *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2014

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 23

Write or Type Committee Name

Drew Leavens for Congress

Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y
05		15		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13944.88	20993.88
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13944.88	20993.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9204.21	29158.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9204.21	29158.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18796.10	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	34315.57	

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 3 (Revised 12/2003)

Write or Type Committee Name

Drew Leavens for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10264.88	16214.88
(ii) Unitemized.....	1480.00	2279.00
(iii) TOTAL of contributions from individuals ▶	11744.88	18493.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2200.00	2500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13944.88	20993.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	27000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	27000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	2509.33	2509.33
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	16454.21	50503.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9204.21	29158.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9204.21	29158.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11546.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16454.21
25. SUBTOTAL (add Line 23 and Line 24).....	28000.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9204.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18796.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

A. Full Name (Last, First, Middle Initial)
Katie Leavens

Mailing Address 4855 Snyder Ln., #127

City Rohnert Park State CA Zip Code 94928

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : INCA62

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Sherri Loveland

Mailing Address 220 Newport Center Dr., #11

City Newport Beach State CA Zip Code 92660

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : NONA87

Amount of Each Receipt this Period
1000.00

Fundraiser

C. Full Name (Last, First, Middle Initial)
Rebecca Newman

Mailing Address 36 Butler St.

City Irvine State CA Zip Code 92612

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA77

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

A. Full Name (Last, First, Middle Initial)
Stephens Consulting Group

Mailing Address 220 Newport Center Dr., #11

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : NONA89

Amount of Each Receipt this Period
2500.00
Consulting/Fundraising/Webdesigner

B. Full Name (Last, First, Middle Initial)
Liesl R. Thomas

Mailing Address 21574 Lost River Ct.

City State Zip Code
Lake Forrest CA 92630

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2550.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : NONA83

Amount of Each Receipt this Period
2500.00
Campaign Management Services

C. Full Name (Last, First, Middle Initial)
Tracy Van Houten

Mailing Address 1691 E. Woodbury Rd.

City State Zip Code
Pasadena CA 91104

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

Name of Employer Occupation
JPL Systems Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
664.88

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : NONA100

Amount of Each Receipt this Period
164.88
Facebook Ads

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5164.88

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

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

FOR LINE NUMBER: PAGE 7 OF 23
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

A. Full Name (Last, First, Middle Initial)
James Yedor

Mailing Address 1622 Sierra Alta

City Santa Ana State CA Zip Code 92705

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2014

Transaction ID : INCA112

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

10264.88

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

A. Committee To Re-Elect Loretta Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 6037
 City Santa Ana State CA Zip Code 92706
 FEC ID number of contributing federal political committee. **C** C00326264
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : INCA73
 Amount of Each Receipt this Period
 1000.00

B. Laguna Woods Democratic Club
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.Box 2254
 City Laguna Hills State CA Zip Code 92654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 14 / 2014
Transaction ID : INCA63
 Amount of Each Receipt this Period
 200.00

C. Sheet Metal Workers' International Association Political Action League
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 New York Avenue, N.W.
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00007542
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014
Transaction ID : INCA46
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

2200.00
 2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

A. Full Name (Last, First, Middle Initial)
Branza, Inc.

Mailing Address 2900 Bristol St., #201

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
307.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : INCA65

Amount of Each Receipt this Period
307.87

Refund

B. Full Name (Last, First, Middle Initial)
Orange County Registrar of Voters

Mailing Address 1300 S. Grand Ave., Bldg. C

City State Zip Code
Orange CA 92705

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : INCA68

Amount of Each Receipt this Period
2200.00

Refund

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2507.87

2507.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

Full Name (Last, First, Middle Initial) A. Branza, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2900 Bristol St., #201		Amount of Each Disbursement this Period 700.00 Transaction ID : EXPB56
City Costa Mesa	State CA	
Zip Code 92626	Purpose of Disbursement Robo Calls	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sherri Loveland		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 220 Newport Center Dr., #11		Amount of Each Disbursement this Period 1000.00 Transaction ID : NONB87
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement Fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. S&S Printers		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 2100 W. Lincoln Ave.		Amount of Each Disbursement this Period 1224.72 Transaction ID : EXPB38
City Anaheim	State CA	
Zip Code 92801	Purpose of Disbursement Yard Signs	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2924.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

Full Name (Last, First, Middle Initial) A. Stephens Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 220 Newport Center Dr., #11		Amount of Each Disbursement this Period 258.52
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement Office Supplies	Transaction ID : EXPB67
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Stephens Consulting Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 220 Newport Center Dr., #11		Amount of Each Disbursement this Period 2500.00
City Newport Beach	State CA	
Zip Code 92660	Purpose of Disbursement Consulting/Fundraising/Webdesigner	Transaction ID : NONB89
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Liesl R. Thomas		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 21574 Lost River Ct.		Amount of Each Disbursement this Period 6.79
City Lake Forrest	State CA	
Zip Code 92630	Purpose of Disbursement Office Supplies	Transaction ID : EXPB64
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2765.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

Full Name (Last, First, Middle Initial) A. Liesl R. Thomas		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 21574 Lost River Ct.		Amount of Each Disbursement this Period 15.98 Transaction ID : EXPB66
City Lake Forrest	State CA	
Zip Code 92630	Purpose of Disbursement Expense Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Liesl R. Thomas		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 21574 Lost River Ct.		Amount of Each Disbursement this Period 2500.00 Transaction ID : NONB83
City Lake Forrest	State CA	
Zip Code 92630	Purpose of Disbursement Campaign Management Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tracy Van Houten		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 1691 E. Woodbury Rd.		Amount of Each Disbursement this Period 164.88 Transaction ID : NONB100
City Pasadena	State CA	
Zip Code 91104	Purpose of Disbursement Facebook Ads	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2680.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Drew Leavens for Congress

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address P.O. Box 30086		Amount of Each Disbursement this Period 830.08
City Los Angeles	State CA	
Zip Code 90030-0086	Purpose of Disbursement Credit card payment	Transaction ID : EXPB60
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	830.08
TOTAL This Period (last page this line number only).....	9200.97

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC21

Drew Leavens for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Drew Leavens

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 28672

City State ZIP Code
San Diego CA 92198

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
7500.00 0.00 7500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 17 / Y 2013 M M / D D / Y 12/31/2016 0.00 % (apr) Yes 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)..... ▶ 7500.00
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC21

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC5**
Drew Leavens for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Drew Leavens	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 28672	

City	State	ZIP Code
San Diego	CA	92198

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 17 / 2014	12/31/2016	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).....	7500.00
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10
Transaction ID : PAYC5

LOAN FROM PERSONAL FUNDS

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC7

Drew Leavens for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Drew Leavens

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 28672

City State ZIP Code
San Diego CA 92198

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
03 / 10 / 2014 M M / D D / 12/31/2016 0.00 % (apr) Yes 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).....
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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10
Transaction ID : PAYC7

LOAN FROM PERSONAL FUNDS

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Drew Leavens for Congress** Transaction ID : PAYC40

LOAN SOURCE Full Name (Last, First, Middle Initial) Drew Leavens	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 28672	

City	State	ZIP Code
San Diego	CA	92198

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 01 / Y 2014 Y	M M / D D / Y 12/31/2015 Y	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).....	7000.00
TOTALS This Period (last page in this line only).....	27000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC40

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Drew Leavens for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Crummitt & Associates

Nature of Debt (Purpose):
Treasurer Services

Mailing Address 525 E. Seaside Way, #101-C

City State Zip Code
Long Beach CA 90802

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD86

Amount Incurred This Period

1810.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1810.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mitchell R. Rosewitz

Nature of Debt (Purpose):
Database Management

Mailing Address 25442 Cherokee Way

City State Zip Code
Lake Forest CA 92630

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD85

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stephens Consulting Group

Nature of Debt (Purpose):
Office Supplies

Mailing Address 220 Newport Center Dr., #11

City State Zip Code
Newport Beach CA 92660

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD88

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

4060.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 23
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Drew Leavens for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liesl R. Thomas	Nature of Debt (Purpose): Deputy Campaign Manager
Mailing Address 21574 Lost River Ct.	
City State Zip Code Lake Forrest CA 92630	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD84	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tracy Van Houten	Nature of Debt (Purpose): Facebook Advertising
Mailing Address 1691 E. Woodbury Rd.	
City State Zip Code Pasadena CA 91104	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD96	
Amount Incurred This Period 755.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 755.57

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	3255.57
2) TOTALS This Period (last page this line number only)	7315.57
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	27000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	34315.57