

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Stan Tran

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

	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))....	2275.00	7902.99
(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)).....	2275.00	7902.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11345.37	13933.89
(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)).....	11345.37	13933.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-1030.90	
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).....	5000.00	

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

Friends of Stan Tran

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).....	900.00	4800.00
(ii) Unitemized.....	1375.00	2510.00
(iii) TOTAL of contributions from individuals ▶	2275.00	7310.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	592.99
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2275.00	7902.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2275.00	12902.99

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11345.37	13933.89
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) ►	11345.37	13933.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8039.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2275.00
25. SUBTOTAL (add Line 23 and Line 24).....	10314.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11345.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-1030.90

**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 9
	<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)
Friends of Stan Tran

A. Full Name (Last, First, Middle Initial)
Kenneth Rix

Mailing Address 1320 Main Rd

City Tiverton State RI Zip Code 02878

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

Name of Employer Sakonnet Veterinary Hospital Occupation Veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2107 Sherry st.

City Arlington State TX Zip Code 76010

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

Name of Employer self employed Occupation business owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2014

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 400.00

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).....

900.00

900.00

**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 6 OF 9
	<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)
Friends of Stan Tran

Full Name (Last, First, Middle Initial) A. Joanna Chatham		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 274 South Main St. apt. 38		Amount of Each Disbursement this Period 245.00 Transaction ID : SB17.4212
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Advertising	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) B. Joanna Chatham		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 274 South Main St. apt. 38		Amount of Each Disbursement this Period 294.00 Transaction ID : SB17.4211
City Providence	State RI	
Zip Code 02903	Purpose of Disbursement Advertising	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) c. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 997.64 Transaction ID : SB17.4209
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Advertising	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1536.64
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 7 OF 9			
	<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)
Friends of Stan Tran

Full Name (Last, First, Middle Initial) A. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 220.00 Transaction ID : SB17.4213
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Travel	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) B. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4214
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Staff stipend	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) C. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4215
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Staff Stipend	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	1720.00
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 8 OF 9
	<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)
Friends of Stan Tran

Full Name (Last, First, Middle Initial) A. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4208
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Advertising	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) B. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 5038.73 Transaction ID : SB17.4210
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement advertising	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) c. Mr. Stanford Tran		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4216
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Staff Stipends	Category/ Type
Candidate Name Friends of Stan Tran	Office Sought: <input checked="" 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: RI District: 01	

SUBTOTAL of Disbursements This Page (optional).....	8088.73
TOTAL This Period (last page this line number only).....	11345.37

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Friends of Stan Tran** Transaction ID : **SC/10.4167**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Stanford Tran	Election: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 24 Preston st	

City	State	ZIP Code
Providence	RI	02906

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:
M 05 / D 06 / Y 2014 Y	M M / D D / Y Y Y 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).....	5000.00
TOTALS This Period (last page in this line only).....	5000.00

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