

10/18/13

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 JUN 25 10 57 AM Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5 MAIL CENTER

CHRIS MARQUEZ FOR CONGRESS

ADDRESS (number and street)

2834 SWITCHBACK LN

Check if different than previously reported. (ACC)

CORONA CA 92882

2. FEC IDENTIFICATION NUMBER

00550590

3. IS THIS REPORT NEW OR AMENDED

CITY STATE ZIP CODE STATE DISTRICT CA 42

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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

10/18/2013 through 06/16/2014

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

Mike Richardson

Signature of Treasurer

Date

06/16/2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period: From:

10 10 2013

To:

06 16 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)) ....

3,965.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0000

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

3965.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

3965.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0000

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

3965.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

0000

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0000

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0000

**For further information contact:**

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

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

14031251078

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 10 10 2019 To: 06 16 2014

**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) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

<del>380.00</del>		
<del>0000</del>		
<del>380.00</del>		
<del>0000</del>		
<del>0000</del>		
<del>3505.00</del>		
<del>3965.00</del>		

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

<del>0000</del>		
-----------------	--	--

13. LOANS:

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS (add Lines 13(a) and (b)) .....

<del>0000</del>		
<del>0000</del>		
<del>0000</del>		

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

<del>0000</del>		
-----------------	--	--

15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

<del>0000</del>		
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....

<del>3965.00</del>		
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**DETAILED SUMMARY PAGE**  
of Disbursements

14031251080

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	<del>_____</del> 3,965.00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	<del>_____</del> 0000	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	<del>_____</del> 0000	
(b) Of All Other Loans .....	<del>_____</del> 0000	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	<del>_____</del> 0000	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	<del>_____</del> 0000	
(b) Political Party Committees.....	<del>_____</del> 0000	
(c) Other Political Committees (such as PACs) .....	<del>_____</del> 0000	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	<del>_____</del> 0000	
21. OTHER DISBURSEMENTS .....	<del>_____</del> 0000	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	<del>_____</del> 3,965.00	

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	<del>_____</del> 0000
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	<del>39</del> 39,396.50
25. SUBTOTAL (add Line 23 and Line 24).....	<del>_____</del> 3,965.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	<del>_____</del> 3,965.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	<del>_____</del> 0000

**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 OF

<input 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)

Full Name (Last, First, Middle Initial)

**A.**

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial)

**B.**

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial)

**C.**

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 M / D 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) .....

\_\_\_\_\_

\_\_\_\_\_

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**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 OF

17  18  19a  19b  
 20a  20b  20c  21

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)

Full Name (Last, First; Middle Initial)

Date of Disbursement

MM / DD / YYYY

**A.**

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

**B.**

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

**C.**

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

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

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

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

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**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) \_\_\_\_\_

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address _____	
City _____	State _____ ZIP Code _____

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred M M / D D / Y Y Y Y Y Y	Date Due M M / D D / Y Y Y Y Y Y	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input 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"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text"/>
<b>TOTALS</b> 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.

14031251083

**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <b>C</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred</p>			
<p>B. If line of credit, Amount of this Draw:</p>		<p>Total Outstanding Balance:</p>	
<p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p>			
<p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p>			<p>What is the value of this collateral?</p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p>			<p>What is the estimated value?</p>
<p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).</p> <p>Date account established:</p>		<p>Location of account: Address: City, State, Zip:</p>	
<p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>			
<p>G. COMMITTEE TREASURER Typed Name Signature</p>		<p>DATE</p>	
<p>H. Attach a signed copy of the loan agreement.</p>			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
<p>AUTHORIZED REPRESENTATIVE Typed Name Signature</p>		<p>DATE</p>	
Title			

14031251084



**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

A. 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

B. 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

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) .....  
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) .....

14031251085

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

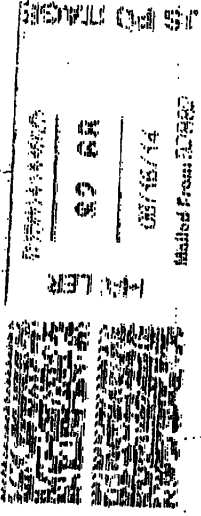
Name of Principal Campaign Committee (In: Full)		Report Covering Period:				
		From:		To:		
		<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>		
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A						
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A						
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A						
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

14031251086

CHRIS MARGUEZ

2834 SWITCHBACK LN  
COCOA, CA 92882

14031251087



Federal Election  
Commission

999 E Street,  
NW, Washington, DC 20463

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

14031251088

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>6/16/14</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 PREPARER (8/2013)	<i>6/25/14</i> DATE PREPARED
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