

Law Offices of David G. Eisenstein, P.C.

RECEIVED
MAIL CENTER
2015 JUL 31 PM 1:45

David G. Eisenstein
Also Admitted in Arizona
2111 S. El Camino Real, Suite 202
Oceanside, California 92054

July 29, 2015

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

VIA UPS

Re: FEC FORM 3X for period ending June 30, 2015/Monstah Pac
political committee/Submitted herewith for filing/ID# C00529107

Dear Sir/Madame:

Please find enclosed the completed Monstah Pac political committee's FEC
FORM 3X for the period ending June 30, 2015.

Please advise me of any questions you may have about the enclosed. Thank
you for your cooperation in this matter.

Sincerely,



David Eisenstein,
Treasurer of Monstah Pac

DE/dge
encl.

NON-HALOGEN INK

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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="37.01"/>		<input type="text" value="918.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="43,620.00"/>	<input type="text" value="43,620.00"/>
(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="43,657.01"/>	<input type="text" value="43,657.01"/>
7. Total Disbursements (from Line 31)	<input type="text" value="27,958.73"/>	<input type="text" value="27,958.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="918.28"/>	<input type="text" value="918.28"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="59,145.13"/>	

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. 06/2004)

Page 3

Write or Type Committee Name

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).....	3,630.00	3,630.00
(ii) Unitemized.....	289.00	289.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,919.00	3,919.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,919.00	3,919.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....	40,201.00	40,201.00
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	44,120.00	44,120.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44,120.00	44,120.00

NON-FEDERAL RECEIPTS

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	21,749.01	21,749.01
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21,749.01	21,749.01
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made	4,190.00	4,190.00
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25,939.01	25,939.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	25,939.01	25,939.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3,419.00	3,419.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,419.00	3,419.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	21,749.01	21,749.01
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21,749.01	21,749.01

110001-000 | INQ | HW | NO | UITION

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)
Monstak PAC

A. Full Name (Last, First, Middle Initial)
Pantrey, Rig, B.

Mailing Address
43701 Little River Airport Rd.

City
Little River, CA State Zip Code
95456

FEC ID number of contributing federal political committee.
C

Date of Receipt
06/29/2015

Amount of Each Receipt this Period
100.00

Name of Employer
Catholic Worker Occupation
social worker

Receipt For:
 Primary General
 Other (specify) **operations after election**

Aggregate Year-to-Date
100.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Date of Receipt
01/28/2015

Amount of Each Receipt this Period
1,500.00

Name of Employer
retired Occupation
retired

Receipt For:
 Primary General
 Other (specify) **operations after election**

Aggregate Year-to-Date
1,500.00

C. Full Name (Last, First, Middle Initial)
Eisenstein, David G.

Mailing Address
2588 El Camino Real, F-139

City
Carlsbad, CA State Zip Code
92008

FEC ID number of contributing federal political committee.
C

Date of Receipt

Amount of Each Receipt this Period
500.00

Name of Employer
Law Offices of David G. Eisenstein P.C. Occupation
Lawyer

Receipt For:
 Primary General
 Other (specify) **operations after election**

Aggregate Year-to-Date
4500.00

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

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

2,100.00

20150101 10:00:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 3	
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)
Monstah PAC

A. Full Name (Last, First, Middle Initial)
Shushan, Menachem

Mailing Address
**144 Redwood Avenue
Carlsbad CA 92008**

City
Carlsbad State
CA Zip Code
92008

FEC ID number of contributing federal political committee.
C

Name of Employer
B & M Hardware Occupation
Manager

Receipt For:
 Primary General
 Other (specify)
operations after election

Aggregate Year-to-Date
500.00

Date of Receipt
02 / 06 / 2015

Amount of Each Receipt this Period
500.00

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) ▼

Aggregate Year-to-Date

Date of Receipt

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) ▼

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **500.00**

TOTAL This Period (last page this line number only)..... **\$ 3,630.00**

2015 RELEASE UNDER E.O. 13526

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
Monstah PAC

A. Alexandra Esteve

Full Name (Last, First, Middle Initial)

Mailing Address
3364 Daley Center Drive, #810

City San Diego, CA 92123 State Zip Code

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) continuing operations

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2015

Amount of Each Disbursement this Period
8,425.92

Category/Type
001

B. Elavon

Full Name (Last, First, Middle Initial)

Mailing Address
7300 Chapman HWY

City Knoxville, TN 37920 State Zip Code

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) continuing operations

Date of Disbursement
MM / DD / YYYY
06 / 02 / 2015

Amount of Each Disbursement this Period
120.00

Category/Type
001

C. Chase Bank

Full Name (Last, First, Middle Initial)

Mailing Address
POB 659754

City San Antonio, TX 78265 State Zip Code

Purpose of Disbursement
Banking

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) continuing operations

Date of Disbursement
MM / DD / YYYY
06 / 04 / 2015

Amount of Each Disbursement this Period
167.00

Category/Type
001

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Monstah PAC

Full Name (Last, First, Middle Initial)

A. Costco

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
02	28	2015

Mailing Address
PO Box 34331
City Seattle, WA 98124

State Zip Code

Purpose of Disbursement
Food and sundries for 2/28/15 event, 4/10 & 6/30 events

001

Amount of Each Disbursement this Period

497.52

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)
continuing operations

State: District:

B. Ilene Proctor

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
02	17	2015

Mailing Address
9427 Charleville Blvd.

City Beverly Hills, CA 90212

State Zip Code

Purpose of Disbursement
PR

001

Amount of Each Disbursement this Period

2,000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)
continuing operations

State: District:

C. City of Carlsbad (Dove Library)

Date of Disbursement

MM / DD / YYYY	MM / DD / YYYY	MM / DD / YYYY
06	30	2015

Mailing Address
1775 Dove Lane

City Carlsbad, CA 92011

State Zip Code

Purpose of Disbursement
meeting room

001

Amount of Each Disbursement this Period

380.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)
continuing operations

State: District:

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

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

Amount
Amount

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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)
Monstah PAC

A. Full Name (Last, First, Middle Initial) *The Hartford*

Mailing Address *One Hartford Plaza*

City *Hartford* State *CT* Zip Code *06155*

Purpose of Disbursement *Ins.*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *continuing operations*

Date of Disbursement *06/08/2015*

Amount of Each Disbursement this Period *685.76*

Category/Type *001*

B. Full Name (Last, First, Middle Initial) *United States Treasury*

Mailing Address *IRS, Ogden, UT 84201*

City *Payroll taxes* State _____ Zip Code *0005*

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *continuing operations*

Date of Disbursement *04/06/2015*

Amount of Each Disbursement this Period *73.00*

Category/Type *001*

C. Full Name (Last, First, Middle Initial) *Magic Concepts Inc*

Mailing Address *1418 4th Street*

City *Santa Monica* State *CA* Zip Code *90401*

Purpose of Disbursement *professional meeting venue & entertain ment*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *continuing operations*

Date of Disbursement *02/18/2015*

Amount of Each Disbursement this Period *1,500.00*

Category/Type *001*

SUBTOTAL of Disbursements This Page (optional) _____

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

2015-06-08 10:00 AM

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

MONSTAH PAC

Full Name (Last, First, Middle Initial)

A.

Facebook advertising USA

Mailing Address

1601 Willow Rd, bldg 10

City State Zip Code

Menlo Park CA 94025-1453

Purpose of Disbursement

advertising

Candidate Name

001

Category/
Type

Date of Disbursement

06 / 30 / 2015

Amount of Each Disbursement this Period

\$9,826.2

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Full Name (Last, First, Middle Initial)

B.

vesta AT&T Mobility

Mailing Address

11950 SW Garden PL

City State Zip Code

Portland OR 97223-8248

Purpose of Disbursement

telephone

Candidate Name

001

Category/
Type

Date of Disbursement

06 / 18 / 2015

Amount of Each Disbursement this Period

\$660.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Full Name (Last, First, Middle Initial)

C.

LA City parking meter

Mailing Address

139 S George Burns Rd

City State Zip Code

Los Angeles CA 90048

Purpose of Disbursement

transportation

Candidate Name

001

Category/
Type

Date of Disbursement

02 / 21 / 2015

Amount of Each Disbursement this Period

\$3.50

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

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

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

2015-06-18 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 30b	

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)
MONSTAN PAC

A.

Full Name (Last, First, Middle Initial)
Coral Tree Cafe

Mailing Address
11645 San Vicente Blvd

City **Los Angeles** State **CA** Zip Code **90049-5105**

Purpose of Disbursement
Food

Candidate Name
[Redacted] Category/Type **001**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **continuing operations**

State: _____ District: _____

Date of Disbursement
02 / 21 / 2015

Amount of Each Disbursement this Period
\$30.77

B.

Full Name (Last, First, Middle Initial)
Priceline Hotel

Mailing Address
800 Connecticut Ave, ste 3W01

City **Norwalk** State **CT** Zip Code **06854-1625**

Purpose of Disbursement
Lodging

Candidate Name
[Redacted] Category/Type **001**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **continuing operations**

State: _____ District: _____

Date of Disbursement
02 / 22 / 2015

Amount of Each Disbursement this Period
\$545.66

C.

Full Name (Last, First, Middle Initial)
George Petrellis Steakhouse

Mailing Address
5615 S Sepulveda Blvd

City **Culver City** State **CA** Zip Code **90230**

Purpose of Disbursement
Food

Candidate Name
[Redacted] Category/Type **001**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **continuing operations**

State: _____ District: _____

Date of Disbursement
02 / 21 / 2015

Amount of Each Disbursement this Period
\$29.30

SUBTOTAL of Disbursements This Page (optional).....▶ **[Redacted]**

TOTAL This Period (last page this line number only).....▶ **[Redacted]**

UNION-BLOCK-NO-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
MONSTAH PAC

A. **Four Points by Sheraton**

Full Name (Last, First, Middle Initial)

Mailing Address
5990 Green Valley Cir

City **Culver City** State **CA** Zip Code **90230-6907**

Purpose of Disbursement

Candidate Name **Lodging**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Date of Disbursement: **02 / 26 / 2015**

Amount of Each Disbursement this Period: **\$186.27**

Category/Type: **001**

B. **Air BnB**

Full Name (Last, First, Middle Initial)

Mailing Address
888 Brannen St, Ste. 400 # 4

City **San Francisco** State **CA** Zip Code **94103-4932**

Purpose of Disbursement

Candidate Name **Lodging**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Date of Disbursement: **02 / 24 / 2015**

Amount of Each Disbursement this Period: **\$817.00**

Category/Type: **001**

C. **Thai Dishes**

Full Name (Last, First, Middle Initial)

Mailing Address
1910 Wilshire Blvd

City **Santa Monica** State **CA** Zip Code **90403-5606**

Purpose of Disbursement

Candidate Name **Food**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Date of Disbursement: **02 / 26 / 2015**

Amount of Each Disbursement this Period: **\$56.02**

Category/Type: **001**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
MONSTAH PAC

A. **Border Grill**
 Mailing Address: **1445 4th St**
 City: **Santa Monica** State: **CA** Zip Code: **90401**
 Purpose of Disbursement: **Food**
 Candidate Name: **Food** Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **continuing operations**
 State: _____ District: _____
 Date of Disbursement: **02 / 27 / 2015**
 Amount of Each Disbursement this Period: **\$38.67**

B. **SM-DWNTWN STRUCT**
 Mailing Address: **1717 4th St, Ste 150**
 City: **Santa Monica** State: **CA** Zip Code: **90401**
 Purpose of Disbursement: **transportation**
 Candidate Name: **transportation** Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **continuing operations**
 State: _____ District: _____
 Date of Disbursement: **02 / 28 / 2015**
 Amount of Each Disbursement this Period: **\$10.00**

C. **Magicopolis**
 Mailing Address: **1418 4th St**
 City: **Santa Monica** State: **CA** Zip Code: **90401**
 Purpose of Disbursement: **event**
 Candidate Name: **event** Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **continuing operations**
 State: _____ District: _____
 Date of Disbursement: **02 / 28 / 2015**
 Amount of Each Disbursement this Period: **\$69.00**

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

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

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
MONSTAH PAC

Full Name (Last, First, Middle Initial)

A.

Staples

Mailing Address
2150 Vista Way

City **Oceanside** State **CA** Zip Code **92054-5600**

Purpose of Disbursement
furniture

Candidate Name
[001]

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) **continuing operations**

Date of Disbursement

03 / 04 / 2015

Amount of Each Disbursement this Period

\$101.51

B.

Costco Ax auto renewals

Mailing Address
988 Lake Dr, Ste 200

City **Issaquah** State **WA** Zip Code **98027-5367**

Purpose of Disbursement
Food

Candidate Name
[001]

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) **continuing operations**

Date of Disbursement

04 / 01 / 2015

Amount of Each Disbursement this Period

\$110.00

C.

Ralphs Grocery

Mailing Address
7140 Avenida Encinas

City **Carlsbad** State **CA** Zip Code **92011-4656**

Purpose of Disbursement
Food

Candidate Name
[001]

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) **continuing operations**

Date of Disbursement

06 / 08 / 2015

Amount of Each Disbursement this Period

\$52.52

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

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

[Empty box for subtotal]

[Empty box for total]

NON-CONFIDENTIAL

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

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)
MONSTAR PAC

A. Full Name (Last, First, Middle Initial)
Miltons

Mailing Address
2660 Via de la Valle

City **Del Mar** State **CA** Zip Code **92014**

Purpose of Disbursement
Food

Candidate Name
Food

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Date of Disbursement
05 / 20 / 2015

Amount of Each Disbursement this Period
\$75.61

Category/Type
001

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

Mailing Address
951 Palomar airport Rd

City **Carlsbad** State **CA** Zip Code **92011-1110**

Purpose of Disbursement
Food

Candidate Name
Food

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Date of Disbursement
06 / 14 / 2015

Amount of Each Disbursement this Period
\$214.83

Category/Type
001

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

Mailing Address
10813 S River front PKwy, ste 230

City **South Jordan** State **UT** Zip Code **84095-5602**

Purpose of Disbursement
website

Candidate Name
website

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **continuing operations**

State: District:

Date of Disbursement
06 / 17 / 2015

Amount of Each Disbursement this Period
\$195.00

Category/Type
001

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

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

2593.01

2015-06-10 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
Monstah PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) LAW OFFICES OF DAVID G. EISENSTEIN, P.C.	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Operations between elections
Mailing Address 2111 S. El Camino Real, Ste. 202, Oceanside, CA 92054	
City State ZIP Code	

Original Amount of Loan <input type="text" value="1,000.00"/>	Cumulative Payment To Date <input type="text" value="1,590.00"/>	Balance Outstanding at Close of This Period <input type="text" value="9778.50"/>
--	---	---

TERMS

Date Incurred <input type="text" value="MM 11"/> / <input type="text" value="DD 20"/> / <input type="text" value="YYYY 2014"/>	Date Due <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="YYYY"/> on demand	Interest Rate <input type="text" value="5%"/> % (apr)	Secured: <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"/>
TOTALS This Period (last page in this line only)	<input type="text" value="\$ 40,201.00"/>

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

NOTATION: MAIL ON BOTTOM

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
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.)			
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: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: _____		Location of account: Address: _____ City, State, Zip: _____	
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.			
G. COMMITTEE TREASURER Typed Name Signature		DATE _____	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: 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. 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. 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.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE _____	
		Title	

2011-01-06 10:10:00 AM

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Monstah PAC	FEC IDENTIFICATION NUMBER C 00529107
--	--

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
City State Zip Code	Amount
Purpose of Expenditure	Date of Disbursement or Obligation
Name of Federal Candidate	Category/Type
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
City State Zip Code	Amount
Purpose of Expenditure	Date of Disbursement or Obligation
Name of Federal Candidate	Category/Type
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	0
(b) SUBTOTAL of Unitemized Independent Expenditures	0
(c) TOTAL Independent Expenditures.....	0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *David George* Date **07 / 29 / 2015**

Extremely Urgent

UPS Next Day Air
UPS Worldwide Express
UPS 2nd Day Air

This envelope is for use with the following services:

upsstore.com or call 1-800-PICK-UPS® (1-800-742-5877)
location near you.

Apply shipping documents on this side.

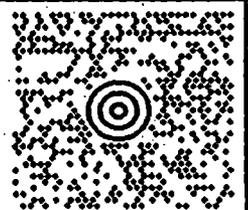
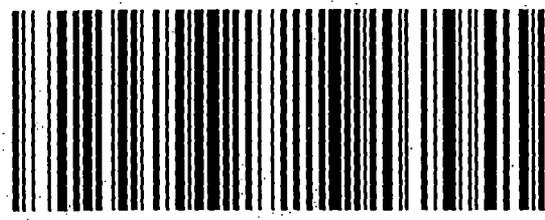
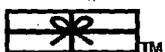
Do not use this envelope for:

Documents
or the letter rate. UPS Express Envelopes may only contain:
one letter or card
one envelope or weight
one small package

Print Window PageKey=LabelWindow&type=html&loc=en_US&instr=AddDoc=shipping.html;url=86227062... /1/1

Do not ship
Express Envelopes
in containers
imported
for the Letter
Rate Envelope
Express Envelope
sensitive
divalent.

®

DAVID EISENSTEIN, ESQ. 7607307900 EISENSTEIN LAW OFFICE 2111 S. EL CAMINO REAL OCEANSIDE, CA 92054		1.0 LBS LTR	1 OF 1
SHIP TO: FEDERAL ELECTION COMMISSION 999 E STREET, N.W. WASHINGTON DC 20463-0001			
	MD 201 9-83 		
UPS 2ND DAY AIR		2	
TRACKING #: 1Z Y40 005 02 9112 6484			
			
BILLING: P/P			
UPS 17.5.27		WNTINV50 66.0A 07/2015	
			

UPS Store, Inc. is a UPS company. The UPS Store locations are independently owned and operated by franchisees of Mail Boxes Etc., Inc. in the USA and by its master licensee and its franchisees in Canada. Services, pricing and hours of operation may vary by location. Copyright © 2011 Mail Boxes Etc., Inc. 410260000509
This envelope may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Limitation of the Amount of Compensation for Damage to International Carriage by Air (the "Montreal Convention") and/or the Convention on the Limitation of the Amount of Compensation for Damage to International Carriage by Air (the "Cape Town Convention") and/or the Convention on the Limitation of the Amount of Compensation for Damage to International Carriage by Air (the "Cape Town Convention").

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): **UPS** Shipping Date
7/29/15
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

7/31/15
 DATE PREPARED

2015-07-31 10:00:00 AM