

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Savary for Congress 2014

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))....	32707.06	75277.06
(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)).....	32707.06	75277.06
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24245.80	69596.35
(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)).....	24245.80	69596.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	25550.71	
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).....	23858.37	

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

Savary for Congress 2014

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 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).....	16732.00	45592.00
(ii) Unitemized.....	7874.01	14994.01
(iii) TOTAL of contributions from individuals ▶	24606.01	60586.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8101.05	14691.05
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32707.06	75277.06
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	20200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20200.00
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)..... ▶	32707.06	95477.06

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24245.80	69596.35
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	280.00	280.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	24525.80	69876.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17369.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32707.06
25. SUBTOTAL (add Line 23 and Line 24).....	50076.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24525.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	25550.71

**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 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Wiley Aitken

Mailing Address 3 MacArthur Place Ste 800

City Santa Ana State CA Zip Code 92707

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

Name of Employer Aitken Aitken Cohn Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA407

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Marilyn C. Brewer

Mailing Address 4 Rue Chamonix

City Newport Beach State CA Zip Code 92660

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : INCA244

Amount of Each Receipt this Period
250.00

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

Mailing Address 320 Melrose Ave.

City Mill Valley State CA Zip Code 94941

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

Name of Employer Michael Brightwood Occupation Therapist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
222.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2014

Transaction ID : INCA333

Amount of Each Receipt this Period
222.00

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

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

2972.00

**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 36
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Lee Cassidy

Mailing Address 215 Apolena Ave.

City Newport Beach State CA Zip Code 92662

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

Name of Employer Cassidy & Associates Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : INCA321

Amount of Each Receipt this Period
100.00

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

Mailing Address 2701 Ebbtide Rd.

City Corona Del Mar State CA Zip Code 92625

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA445

Amount of Each Receipt this Period
100.00

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

Mailing Address 2 Fox Meadow Circle

City Savannah State GA Zip Code 31411

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

Name of Employer CHR Holding Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2014

Transaction ID : INCA382

Amount of Each Receipt this Period
2500.00

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

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

2700.00

**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 7 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Raymond Clawson

Mailing Address 2 Fox Meadow Circle

City Savannah State GA Zip Code 31411

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

Name of Employer CHR Holding Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA434

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Michael D. Coleman

Mailing Address 19591 Seagull Lane.

City Huntington Beach State CA Zip Code 92648

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

Name of Employer Michael D. Coleman Occupation Registered Investment Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2014

Transaction ID : INCA380

Amount of Each Receipt this Period
500.00

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

Mailing Address 207 Iris Avenue

City Corona Del Mar State CA Zip Code 92625

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
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2014

Transaction ID : INCA228

Amount of Each Receipt this Period
400.00

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

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

1000.00

**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 8 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Elizabeth A. Cowan

Mailing Address 3007 Fernhealth Lane

City State Zip Code
Costa Mesa CA 92626

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : INCA345

Amount of Each Receipt this Period

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

Mailing Address 27184 Woodbluff Rd.

City State Zip Code
Laguna Hills CA 92653

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Evelyn Fierro Writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : INCA293

Amount of Each Receipt this Period

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

Mailing Address 301 Onyx Ave.

City State Zip Code
Newport Beach CA 92662

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Genesee Group Public Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : INCA372

Amount of Each Receipt this Period

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

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

**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 36
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Patricia Goss		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 15 Marsh Road		Transaction ID : INCA374	
City Tiburon	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 94920			
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		

Full Name (Last, First, Middle Initial) B. Patricia B. Gwin		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 707 Poinsettia Ave.		Transaction ID : INCA207	
City Corona Del Mar	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92625			
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 590.00		

Full Name (Last, First, Middle Initial) C. Sandra Hartness		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 500 Allview Terrace		Transaction ID : INCA324	
City Laguna Beach	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 92651			
FEC ID number of contributing federal political committee. C			
Name of Employer Sandra Hartness	Occupation Investments		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

**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 10 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
John C. Hedlind

Mailing Address 1350 W. Bay Ave.

City Newport Beach State CA Zip Code 92661

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
 08 / 22 / 2014

Transaction ID : INCA271

Amount of Each Receipt this Period
500.00

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

Mailing Address 5100 Campus Dr. Ste. 200

City Newport Beach State CA Zip Code 92660

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

Name of Employer Jensen & Coeur Barron, LLC Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2014

Transaction ID : INCA368

Amount of Each Receipt this Period
1500.00

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

Mailing Address 7 Redondo

City Irvine State CA Zip Code 92620

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

Name of Employer Competent Care Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2014

Transaction ID : INCA208

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 11 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Doris J. Longmead

Mailing Address 8236 E. Candleberry Cir.

City State Zip Code
Orange CA 92869

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

Name of Employer Occupation
Doris Longmead Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : INCA354

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Deborah M. Lugo

Mailing Address 1133 Highland Dr.

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA389

Amount of Each Receipt this Period
100.00

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

Mailing Address 2482 Parmely Lane

City State Zip Code
Costa Mesa CA 92627

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

Name of Employer Occupation
Santa Ana Unified Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 22 / 2014

Transaction ID : INCA273

Amount of Each Receipt this Period
210.00

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

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

560.00

**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 12 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Patricia Nichols

Mailing Address 23705 Birtcher Drive

City State Zip Code
Lake Forest CA 92630

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : INCA262

Amount of Each Receipt this Period
500.00

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

Mailing Address 938 Sunridge Dr.

City State Zip Code
Huntington Beach CA 90277

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

Name of Employer Occupation
Prosser Real Estate Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 22 / 2014

Transaction ID : INCA287

Amount of Each Receipt this Period
200.00

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

Mailing Address 2699 White Rd. Ste. 150

City State Zip Code
Irvine CA 92614

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

Name of Employer Occupation
Sanderson J Ray Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 28 / 2014

Transaction ID : INCA303

Amount of Each Receipt this Period
1000.00

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

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

1700.00

**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 13 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Susan Jo Roper

Mailing Address 203 Sixth Street

City State Zip Code
Huntington Beach CA 92648

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : INCA243

Amount of Each Receipt this Period
300.00

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

Mailing Address 61 Irving Place Apt 5A

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
FIX Flyer Software Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : INCA341

Amount of Each Receipt this Period
500.00

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

Mailing Address 2845 Cassia St.

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
N/A Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 02 / 2014

Transaction ID : INCA311

Amount of Each Receipt this Period
50.00

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

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

850.00

**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 14 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Katharine Schoellerman

Mailing Address 2845 Cassia St.

City Newport Beach State CA Zip Code 92660

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

Name of Employer N/A Occupation Not Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA421

Amount of Each Receipt this Period
200.00

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

Mailing Address 6801 Oxford Drive

City Huntington Beach State CA Zip Code 92647

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

Name of Employer Donna Templeton Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 03 / 2014

Transaction ID : INCA206

Amount of Each Receipt this Period
250.00

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

Mailing Address 6801 Oxford Drive

City Huntington Beach State CA Zip Code 92647

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

Name of Employer Donna Templeton Occupation Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : INCA294

Amount of Each Receipt this Period
250.00

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

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

700.00

**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 15 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Donna Templeton

Mailing Address 6801 Oxford Drive

City State Zip Code
Huntington Beach CA 92647

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

Name of Employer Occupation
Donna Templeton Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA418

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
William J. Turpit

Mailing Address 1971 Swan Dr.

City State Zip Code
Costa Mesa CA 92626

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

Name of Employer Occupation
Jackson, DeMarco, Tidus & Peckendaugh Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 16 / 2014

Transaction ID : INCA353

Amount of Each Receipt this Period
400.00

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

Mailing Address 25 Cambria Drive

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA422

Amount of Each Receipt this Period
250.00

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

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

1150.00

**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 16 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Sharon G. Webster

Mailing Address 16172 Alert Lane

City State Zip Code
Huntington Beach CA 92649

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

Name of Employer Occupation
County of Los Angeles Principal Deputy County Counsel

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2014

Transaction ID : INCA274

Amount of Each Receipt this Period
250.00

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

Mailing Address 4501 Hampden Rd.

City State Zip Code
Corona Del Mar CA 92625

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

Name of Employer Occupation
Berkshire Hathaway Home Services Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : INCA234

Amount of Each Receipt this Period
250.00

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).....

500.00

16732.00

**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 17 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Loretta Sanchez

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
2301.05

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 15 / 2014

Transaction ID : NONA339

Amount of Each Receipt this Period
301.05

Use of laptop

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Loretta Sanchez

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
2301.05

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA417

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Leisure World Democratic Club

Mailing Address 1916 W. Chapman Ave.

City Orange State CA Zip Code 92868

FEC ID number of contributing federal political committee. **C** C00526053

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2014

Transaction ID : INCA322

Amount of Each Receipt this Period
300.00

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

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

2601.05

**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 18 OF 36
	<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)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund Inc PAC

Mailing Address 434 W. 33rd Street

City State Zip Code
New York NY 10001

FEC ID number of contributing federal political committee. **C** C00314617

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA414

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Women In Leadership

Mailing Address 22662 Fernwood St.

City State Zip Code
Lake Forest CA 92630

FEC ID number of contributing federal political committee. **C** C00283432

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA386

Amount of Each Receipt this Period
5000.00

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 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).....

5500.00

8101.05

**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 19 OF 36
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Savary for Congress 2014

A. Full Name (Last, First, Middle Initial)
Suzanne M. Savary

Mailing Address 118 Marine Ave.

City Newport Beach State CA Zip Code 92662

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

Name of Employer N/A Occupation Retired Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22328.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : PAYA400

Amount of Each Receipt this Period
2128.37

Expense Reimbursement

[MEMO ITEM]

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).....

0.00

0.00

**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 20 OF 36	
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Bulldog Finance Group		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 1250 Connecticut Ave. NW, #200		Amount of Each Disbursement this Period 3975.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Fundraiser Fees Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Transaction ID : EXPB250
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Loretta Sanchez		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address P.O. Box 6037		Amount of Each Disbursement this Period 301.05
City Santa Ana State CA Zip Code 92706	Purpose of Disbursement Use of laptop Category/Type	
Candidate Name Committee to Re-Elect Loretta Sanchez	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	Transaction ID : NONB339
State: District:		

Full Name (Last, First, Middle Initial) C. Crummitt & Associates		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014
Mailing Address 525 E. Seaside Way, #101-C		Amount of Each Disbursement this Period 3090.00
City Long Beach State CA Zip Code 90802	Purpose of Disbursement Treasurer Services 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 Other (specify)	Transaction ID : EXPB232
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7366.05
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 21 OF 36	
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Crummitt & Associates		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 525 E. Seaside Way, #101-C		Amount of Each Disbursement this Period 1530.00
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement Treasurer Services	Transaction ID : EXPB291
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Amber Davidson		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 2079 Tustin Ave.		Amount of Each Disbursement this Period 200.00
City Costa Mesa	State CA	
Zip Code 92627	Purpose of Disbursement Consulting/Strategy	Transaction ID : EXPB230
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Amber Davidson		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2079 Tustin Ave.		Amount of Each Disbursement this Period 200.00
City Costa Mesa	State CA	
Zip Code 92627	Purpose of Disbursement Consulting/Strategy	Transaction ID : EXPB235
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1930.00
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 22 OF 36			
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Amber Davidson		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2079 Tustin Ave.		Amount of Each Disbursement this Period 77.28 Transaction ID : EXPB336
City Costa Mesa	State CA	
Zip Code 92627	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 31.43 Transaction ID : EXPB224
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Democracy Engine		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 18.95 Transaction ID : EXPB225
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	127.66
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 23 OF 36			
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 32.85 Transaction ID : EXPB227
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Credit card processing fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Democracy Engine			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 15.20 Transaction ID : EXPB229
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Credit card processing fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Eva Facundo			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 722 W. Maple Ave., #B			Amount of Each Disbursement this Period 451.60 Transaction ID : EXPB254
City Orange	State CA	Zip Code 92868	
Purpose of Disbursement Campaign Worker		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	499.65
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 24 OF 36	
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Eva Facundo			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 722 W. Maple Ave., #B			Amount of Each Disbursement this Period 1750.00	
City Orange	State CA	Zip Code 92868	Transaction ID : EXPB300	
Purpose of Disbursement Fundraising Consultant		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Eva Facundo			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 722 W. Maple Ave., #B			Amount of Each Disbursement this Period 1750.00	
City Orange	State CA	Zip Code 92868	Transaction ID : EXPB335	
Purpose of Disbursement Fundraising Consultant		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Robin Fouche			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 3419 Via Lido, #113			Amount of Each Disbursement this Period 1500.00	
City Newport Beach	State CA	Zip Code 92663	Transaction ID : EXPB119	
Purpose of Disbursement Lawn Signs		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	5000.00
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 25 OF 36	
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Robin Fouche		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 3419 Via Lido, #113		Amount of Each Disbursement this Period 600.00 Transaction ID : EXPB231
City Newport Beach	State CA	
Zip Code 92663	Purpose of Disbursement Consulting/Fundraising	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. LAT Media Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address File 54221		Amount of Each Disbursement this Period 445.75 Transaction ID : EXPB292
City Los Angeles	State CA	
Zip Code 90074-4221	Purpose of Disbursement Newspaper Ad	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Los Angeles Media Group		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1375 Sunflower Ave.		Amount of Each Disbursement this Period 270.00 Transaction ID : EXPB329
City Costa Mesa	State CA	
Zip Code 92626	Purpose of Disbursement Print Ad	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1315.75
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 26 OF 36	
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Orange County Registrar of Voters			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014	
Mailing Address 1300 S. Grand Ave., #C			Amount of Each Disbursement this Period 4360.00	
City Santa Ana	State CA	Zip Code 92705	Transaction ID : EXPB249	
Purpose of Disbursement Filing Fee		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Suzanne M. Savary			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 118 Marine Ave.			Amount of Each Disbursement this Period 2281.00	
City Newport Beach	State CA	Zip Code 92662	Transaction ID : EXPB290	
Purpose of Disbursement Reimbursement for Printing/Web services		006 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Apollo Printing			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2100 W. Lincoln Ave.			Amount of Each Disbursement this Period 676.08	
City Anaheim	State CA	Zip Code 92801	Transaction ID : EDTB8EXPB290	
Purpose of Disbursement Flyers		006 Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	6641.00
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 27 OF 36	
	<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)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. NationBuilder			Date of Disbursement MM / DD / YYYY 08 / 26 / 2014	
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 499.00	
City Los Angeles	State CA	Zip Code 90012	Transaction ID : EDTB7EXPB290	
Purpose of Disbursement Web database		Category/ Type 001	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Suzanne M. Savary			Date of Disbursement MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 118 Marine Ave.			Amount of Each Disbursement this Period 1346.76	
City Newport Beach	State CA	Zip Code 92662	Transaction ID : EXPB337	
Purpose of Disbursement Reimbursement		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. S&S Printers			Date of Disbursement MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 2100 W. Lincoln Ave.			Amount of Each Disbursement this Period 1346.76	
City Anaheim	State CA	Zip Code 92801	Transaction ID : EDTB9EXPB337	
Purpose of Disbursement		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1346.76
TOTAL This Period (last page this line number only).....	24226.87

**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 28 OF 36			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 9.57
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Credit card processing fee		Category/ Type	Transaction ID : EXPB248
Candidate Name			
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) B. Democracy Engine			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 4.14
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Credit card processing fee		Category/ Type	Transaction ID : EXPB251
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Democracy Engine			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 448 S. Hill St., #200			Amount of Each Disbursement this Period 28.03
City Los Angeles	State CA	Zip Code 90013	
Purpose of Disbursement Credit card processing fee		Category/ Type	Transaction ID : EXPB295
Candidate Name			
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)	41.74
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 29 OF 36			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 80.30
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Transaction ID : EXPB315
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) B. Democracy Engine		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 31.70
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Transaction ID : EXPB330
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Democracy Engine		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 67.86
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Credit card processing fee	Transaction ID : EXPB358
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	179.86
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 30 OF 36
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Savary for Congress 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 54.50
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Credit card processing fee	Candidate Name	Transaction ID : EXPB369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	54.50
TOTAL This Period (last page this line number only).....	276.10

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Savary for Congress 2014** Transaction ID : **PAYC45**

LOAN SOURCE Full Name (Last, First, Middle Initial) Suzanne M. Savary	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 118 Marine Ave.	

City	State	ZIP Code
Newport Beach	CA	92662

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8286.96	0.00	8286.96

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 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).....	8286.96
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 : PAYC45

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Savary for Congress 2014** Transaction ID : **PAYC55**

LOAN SOURCE Full Name (Last, First, Middle Initial) Suzanne M. Savary	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 118 Marine Ave.	

City	State	ZIP Code
Newport Beach	CA	92662

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11713.04	0.00	11713.04

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 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: <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" value="11713.04"/>
TOTALS 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.	

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

Form/Schedule: SC/10

Transaction ID : PAYC55

LOAN FROM PERSONAL FUNDS

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Savary for Congress 2014** Transaction ID : **PAYC85**

LOAN SOURCE Full Name (Last, First, Middle Initial) Suzanne M. Savary	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 118 Marine Ave.	

City	State	ZIP Code
Newport Beach	CA	92662

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 / 14 / 2014	None	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).....	200.00
TOTALS This Period (last page in this line only).....	20200.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Savary for Congress 2014

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 3090.00	Transaction ID : PAYD120	
Amount Incurred This Period 0.00	Payment This Period 3090.00	Outstanding Balance at Close of This Period 0.00

B. 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 : PAYD383	
Amount Incurred This Period 1530.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1530.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Suzanne M. Savary	Nature of Debt (Purpose): Expense Reimbursement
Mailing Address 118 Marine Ave.	
City State Zip Code Newport Beach CA 92662	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD400	
Amount Incurred This Period 2128.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 2128.37

1) SUBTOTALS This Period This Page (optional)	3658.37
2) TOTALS This Period (last page this line number only)	3658.37
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	20200.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	23858.37