

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Robin Chew 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)).... | 2500.00 | 2500.00 |
| (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))..... | 2500.00 | 2500.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 3953.42 | 3953.42 |
| (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))..... | 3953.42 | 3953.42 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1796.58 | |
| 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)..... | 3250.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Robin Chew for Congress 2014

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 2500.00 | 2500.00 |
| (ii) Unitemized..... | 0.00 | 0.00 |
| (iii) TOTAL of contributions from individuals ▶ | 2500.00 | 2500.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 2500.00 | 2500.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 3250.00 | 3250.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 3250.00 | 3250.00 |
| 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)..... ▶ | 5750.00 | 5750.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 3953.42 | 3953.42 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 3953.42 | 3953.42 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 5750.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 5750.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 3953.42 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1796.58 |

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

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

NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

A. Full Name (Last, First, Middle Initial)
Abigail A Chamberlin

Mailing Address 5118 Shady Ave

City San Jose State CA Zip Code 95129-4264

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

Name of Employer Chamberlin Real Estate School Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2013

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
 Contribution 1250.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark R Chamberlin

Mailing Address 5118 Shady Ave

City San Jose State CA Zip Code 95129-4264

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

Name of Employer Chamberlin Real Estate School Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2013

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
 Contribution 1250.00

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
 Contribution

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

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

2500.00

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 6 OF 14 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
Robin Chew for Congress 2014

A. Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

Mailing Address 904 Fallen Leaf Way

City Emerald Hills State CA Zip Code 94062-3433

FEC ID number of contributing federal political committee. **C H4CA18060**

Name of Employer ProU.net Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2013

Transaction ID : SA13A.4102

Amount of Each Receipt this Period
 1500.00

Candidate Loan

B. Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

Mailing Address 904 Fallen Leaf Way

City Emerald Hills State CA Zip Code 94062-3433

FEC ID number of contributing federal political committee. **C H4CA18060**

Name of Employer ProU.net Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2013

Transaction ID : SA13A.4113

Amount of Each Receipt this Period
 750.00

Loan from candidate

C. Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

Mailing Address 904 Fallen Leaf Way

City Emerald Hills State CA Zip Code 94062-3433

FEC ID number of contributing federal political committee. **C H4CA18060**

Name of Employer ProU.net Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2013

Transaction ID : SA13A.4129

Amount of Each Receipt this Period
 750.00

Loan from candidate

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

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

3000.00

**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 14 |
| | <input type="checkbox"/> 11a 12 <input checked="" 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)
Robin Chew for Congress 2014

A. Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

Mailing Address 904 Fallen Leaf Way

City Emerald Hills State CA Zip Code 94062-3433

FEC ID number of contributing federal political committee. **C H4CA18060**

Name of Employer ProU.net Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2013

Transaction ID : SA13A.4131

Amount of Each Receipt this Period
250.00

Loan from candidate

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 M / D 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 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).....

250.00

3250.00

**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 8 OF 14 | | | |
| | <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)
Robin Chew for Congress 2014

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. FreshBait | | Date of Disbursement MM / DD / YYYY 09 / 05 / 2013 |
| Mailing Address 666 O'Farrell Street Unit 38 | | Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.4133 |
| City San Francisco State CA Zip Code 94109 | Purpose of Disbursement Printngn of Business Cards 006 Category/Type | |
| Candidate Name Robin Chew for Congress 2014 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. FreshBait | | Date of Disbursement MM / DD / YYYY 09 / 05 / 2013 |
| Mailing Address 666 O'Farrell Street Unit 38 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4134 |
| City San Francisco State CA Zip Code 94109 | Purpose of Disbursement Campaign Printed Materials 006 Category/Type | |
| Candidate Name Robin Chew for Congress 2014 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. FreshBait | | Date of Disbursement MM / DD / YYYY 09 / 11 / 2013 |
| Mailing Address 666 O'Farrell Street Unit 38 | | Amount of Each Disbursement this Period 155.00 Transaction ID : SB17.4137 |
| City San Francisco State CA Zip Code 94109 | Purpose of Disbursement Campaign Printed Materials 006 Category/Type | |
| Candidate Name Robin Chew for Congress 2014 | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 915.00 |
| 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 9 OF 14 | | | |
| | <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)
Robin Chew for Congress 2014

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Mallory West | | Date of Disbursement MM / DD / YYYY 07 / 18 / 2013 |
| Mailing Address 3650 Fillmore St # 305 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4103 |
| City San Francisco | State CA | |
| Purpose of Disbursement Monthly Fundraising Retainer | Category/ Type 003 | |
| Candidate Name Robin Chew for Congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: CA | District: 14 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Mallory West | | Date of Disbursement MM / DD / YYYY 08 / 08 / 2013 |
| Mailing Address 3650 Fillmore St # 305 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4114 |
| City San Francisco | State CA | |
| Purpose of Disbursement Monthly Fundraising Retainer | Category/ Type 003 | |
| Candidate Name Robin Chew for Congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: CA | District: 14 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Mallory West | | Date of Disbursement MM / DD / YYYY 09 / 08 / 2013 |
| Mailing Address 3650 Fillmore St # 305 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4130 |
| City San Francisco | State CA | |
| Purpose of Disbursement Monthly Fundraising Retainer | Category/ Type 003 | |
| Candidate Name Robin Chew for Congress 2014 | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: CA | District: 14 | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1500.00 |
| 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 10 OF 14 | |
| | <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)
Robin Chew for Congress 2014

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Moo, Inc. Printing | | Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2013 |
| Mailing Address 985 Waterman Ave | | Amount of Each Disbursement this Period 319.74 |
| City East Providence | State RI | |
| Zip Code 02914 | Purpose of Disbursement Campaign Literature Printing | Transaction ID : SB17.4117 |
| Candidate Name Robin Chew for Congress 2014 | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 14 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Political Visions | | Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013 |
| Mailing Address PO Box 4338 | | Amount of Each Disbursement this Period 900.00 |
| City San Rafael | State CA | |
| Zip Code 94913-4338 | Purpose of Disbursement Bookkeeping | Transaction ID : SB17.4104 |
| Candidate Name Robin Chew for Congress 2014 | Category/ Type 001 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: CA District: 14 | | |

| | | |
|--|--|---|
| 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 | Transaction ID |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1219.74 |
| TOTAL This Period (last page this line number only)..... | 3634.74 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Robin Chew for Congress 2014** Transaction ID : **SC/10.4102**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Robin Leo Chew | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 904 Fallen Leaf Way | | |

| | | |
|---------------|-------|------------|
| City | State | ZIP Code |
| Emerald Hills | CA | 94062-3433 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1500.00 | 0.00 | 1500.00 |

| | | | | |
|--------------|----------------|----------|---------------|---|
| TERMS | Date Incurred | Date Due | Interest Rate | Secured: |
| | 07 / 16 / 2013 | 6/3/2014 | 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)..... | ▶ | 1500.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | [] |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | | |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

Robin Chew for Congress 2014

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

[PERSONAL FUNDS]

Election: 2014

Mr. Robin Leo Chew

Primary

General

Other (specify) ▼

Mailing Address

904 Fallen Leaf Way

City

State

ZIP Code

Emerald Hills

CA

94062-3433

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

08

22

2013

Date Due

6/4/2014

Interest Rate

0.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

750.00

TOTALS This Period (last page in this line only)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Robin Chew for Congress 2014** Transaction ID : **SC/10.4129**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Robin Leo Chew** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
904 Fallen Leaf Way

City State ZIP Code
Emerald Hills CA 94062-3433

| | | |
|-----------------------------------|------------------------------------|---|
| Original Amount of Loan 750.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 750.00 |
|-----------------------------------|------------------------------------|---|

TERMS

Date Incurred: M 09 / D 09 / Y 2013
Date Due: M / D / Y 6/4/2014
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 750.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Robin Chew for Congress 2014** Transaction ID : **SC/10.4131**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Robin Leo Chew | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 904 Fallen Leaf Way | | |

| | | |
|---------------|-------|------------|
| City | State | ZIP Code |
| Emerald Hills | CA | 94062-3433 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 250.00 | 0.00 | 250.00 |

| | | | | | |
|------------------------|--------------------------|---------------|----------|---------------|---|
| TERMS | | Date Incurred | Date Due | Interest Rate | Secured: |
| M 09 / D 17 / Y 2013 Y | M M / D D / Y 6/4/2014 Y | | | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

| | |
|---|--------------------------------------|
| SUBTOTALS This Period This Page (optional)..... | <input type="text" value="250.00"/> |
| TOTALS This Period (last page in this line only)..... | <input type="text" value="3250.00"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |