

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

SEND LARA TO CONGRESS

ADDRESS (number and street)

2336 S EAST OCEAN BLVD #348

Check if different than previously reported. (ACC)

STUART

FL

34996

2. FEC IDENTIFICATION NUMBER

C C00558312

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

FL

18

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

08 / 07 / 2014

through

M M / D D / Y Y Y Y

09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRIAN LARA

Signature of Treasurer BRIAN LARA

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 03 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SEND LARA TO CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 07 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8031.61	39723.98
(b) Total Contribution Refunds (from Line 20(d))	0.00	6525.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8031.61	33198.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	30202.03	94947.82
(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)).....	30202.03	94947.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	33251.16	
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).....	95000.00	

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

SEND LARA TO CONGRESS

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).....	7786.14	32786.14
(ii) Unitemized.....	50.00	1655.00
(iii) TOTAL of contributions from individuals ▶	7836.14	34441.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	195.47	5282.84
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8031.61	39723.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	9500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	9500.00
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)..... ▶	8031.61	134723.98

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30202.03	94947.82
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	6525.00
(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	6525.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30202.03	101472.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55421.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8031.61
25. SUBTOTAL (add Line 23 and Line 24).....	63453.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30202.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33251.16

**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 16
	<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)
SEND LARA TO CONGRESS

A. Full Name (Last, First, Middle Initial)
Stephan Alonso

Mailing Address 4808 Granada Blvd

City State Zip Code
Coral Gables FL 33146

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

Name of Employer Occupation
Self Employed PR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
336.14

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 25 2014

Transaction ID : SA11AI.5222

Amount of Each Receipt this Period
186.14

IN-KIND (Supplies)

B. Full Name (Last, First, Middle Initial)
Barbara Baum

Mailing Address 5 Renaissance Sq, 26G

City State Zip Code
White Plains NY 10601

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

Name of Employer Occupation
Retired 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 Y Y
08 18 2014

Transaction ID : SA11AI.5199

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
James Glassgow

Mailing Address 200 Riverside Blvd., Apt. 7D

City State Zip Code
New York NY 10069

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

Name of Employer Occupation
Retired IT Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 12 2014

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period
1000.00

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

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

3186.14

**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 16
	<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)
SEND LARA TO CONGRESS

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

Mailing Address 411 N Lake St

City State Zip Code
Litchfield CT 06759

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

Name of Employer Occupation
Self Homemaker

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 / 25 / 2014

Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Lisa Konrad

Mailing Address 301 Tresser Blvd. 12th Floor

City State Zip Code
Stamford CT 06901

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

Name of Employer Occupation
Seaview Radio Ad Sales

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 / 10 / 2014

Transaction ID : SA11AI.5200

Amount of Each Receipt this Period
 2000.00

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).....

4600.00

7786.14

**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 16
	<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)
SEND LARA TO CONGRESS

A. Full Name (Last, First, Middle Initial)
BRIAN LARA

Mailing Address 2336 S EAST OCEAN BLVD #348

City State Zip Code
STUART FL 34996

FEC ID number of contributing federal political committee. **C** H4FL18100

Name of Employer Occupation
Five Mile Capital Software Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100282.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11D.5223

Amount of Each Receipt this Period
 195.47

IN-KIND (Supplies)

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).....

195.47

195.47

**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 16			
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. Stephen Abbott			Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014		
Mailing Address 4800 Blue Heron Ln. #1			Amount of Each Disbursement this Period 1750.00		
City Jensen Beach	State FL	Zip Code 34957	Transaction ID : SB17.5488		
Purpose of Disbursement consulting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Campaign Partner			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 16 Dudley Street			Amount of Each Disbursement this Period 49.00		
City Fitchburg	State MA	Zip Code 01420	Transaction ID : SB17.5504		
Purpose of Disbursement [R9] web site 20140708		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Campaign Partner			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 16 Dudley Street			Amount of Each Disbursement this Period 49.00		
City Fitchburg	State MA	Zip Code 01420	Transaction ID : SB17.5510		
Purpose of Disbursement [R9] web site		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1750.00
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 16			
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. Clearchanel		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014
Mailing Address 3071 Continental Dr		Amount of Each Disbursement this Period 836.40 Transaction ID : SB17.5500
City West Palm Beach	State FL	
Purpose of Disbursement radio ad	Candidate Name	Category/ Type
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Clearchanel		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 3071 Continental Dr		Amount of Each Disbursement this Period 266.05 Transaction ID : SB17.5499
City West Palm Beach	State FL	
Purpose of Disbursement radio ad	Candidate Name	Category/ Type
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Comcast Spotlight		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 500 S Australian Ave #1000		Amount of Each Disbursement this Period 8504.25 Transaction ID : SB17.5491
City West Palm Beach	State FL	
Purpose of Disbursement TV Ad	Candidate Name	Category/ Type
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 <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9606.70
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 16			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. Digital Motion Studios Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014		
Mailing Address 418 S Colorado Ave			Amount of Each Disbursement this Period 1500.00		
City Stuart	State FL	Zip Code 34994	Transaction ID : SB17.5493		
Purpose of Disbursement TV Ad production		Candidate Name	Category/ Type		
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 <input type="checkbox"/> Other (specify)		
State: District:					

Full Name (Last, First, Middle Initial) B. GotPrint			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 7625 N. San Fernando Rd			Amount of Each Disbursement this Period 21.77		
City Burbank	State CA	Zip Code 91505	Transaction ID : SB17.5502		
Purpose of Disbursement [R9] postcards 20140701		Candidate Name	Category/ Type		
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 <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM]			

Full Name (Last, First, Middle Initial) C. GotPrint			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014		
Mailing Address 7625 N. San Fernando Rd			Amount of Each Disbursement this Period 117.33		
City Burbank	State CA	Zip Code 91505	Transaction ID : SB17.5508		
Purpose of Disbursement [R9] postcards 20140723		Candidate Name	Category/ Type		
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 <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM]			

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 11 OF 16			
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. GotPrint		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 7625 N. San Fernando Rd		Amount of Each Disbursement this Period 117.33
City Burbank	State CA	
Zip Code 91505	Purpose of Disbursement [R9] postcards	[MEMO ITEM]
Candidate Name	Category/ Type	
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BRIAN LARA		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 2336 S EAST OCEAN BLVD #348		Amount of Each Disbursement this Period 100.00
City STUART	State FL	
Zip Code 34996	Purpose of Disbursement Contribution REFUND	
Candidate Name	Category/ Type	
Office Sought: <input checked="" 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: FL District: 18		

Full Name (Last, First, Middle Initial) c. Brian Lara		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2336 S EAST OCEAN BLVD #348		Amount of Each Disbursement this Period 1518.19
City STUART	State FL	
Zip Code 34996	Purpose of Disbursement REIMBURSEMENT: [R9] Expenses	
Candidate Name	Category/ Type	
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 <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1618.19
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 12 OF 16			
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. ooShirts		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 41454 Christy Street		Amount of Each Disbursement this Period 158.80
City Fremont	State CA	
Zip Code 94538		
Purpose of Disbursement [R9] shirts 20140709		Category/ Type
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paypal		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 2211 N 1st St		Amount of Each Disbursement this Period 29.30
City San Jose	State CA	
Zip Code 95131		
Purpose of Disbursement fee		Category/ Type
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 <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paypal		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 2211 N 1st St		Amount of Each Disbursement this Period 1.03
City San Jose	State CA	
Zip Code 95131		
Purpose of Disbursement fee		Category/ Type
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 <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	30.33
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 13 OF 16			
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. Paypal		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 2211 N 1st St		Amount of Each Disbursement this Period 1.03
City San Jose State CA Zip Code 95131	Purpose of Disbursement fee	
Candidate Name	Category/Type	Transaction ID : SB17.5498
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 <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sandia Strategies		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address PO Box 94472		Amount of Each Disbursement this Period 11000.00
City Albuquerque State NM Zip Code 87199	Purpose of Disbursement mailing cost overage	
Candidate Name	Category/Type	Transaction ID : SB17.5484
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 <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. SignsOnTheCheap		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 11525A Stonehollow Dr Suite 100		Amount of Each Disbursement this Period 247.94
City Austin State TX Zip Code 78758	Purpose of Disbursement [R9] yard signs 20140701	
Candidate Name	Category/Type	Transaction ID : SB17.5503 [MEMO ITEM]
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 <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11001.03
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 14 OF 16	
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. SignsOnTheCheap		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 11525A Stonehollow Dr Suite 100		Amount of Each Disbursement this Period 565.84
City Austin State TX Zip Code 78758	Purpose of Disbursement [R9] yard signs 20140727	
Candidate Name	Category/Type	Transaction ID : SB17.5509 [MEMO ITEM]
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 <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Stickers Banners Com		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 3741 Venture Drive #335		Amount of Each Disbursement this Period 125.00
City Duluth State GA Zip Code 30096	Purpose of Disbursement [R9] bumper stickers 20140711	
Candidate Name	Category/Type	Transaction ID : SB17.5506 [MEMO ITEM]
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 <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Stickers Banners Com		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 3741 Venture Drive #335		Amount of Each Disbursement this Period 66.18
City Duluth State GA Zip Code 30096	Purpose of Disbursement [R9] bumper stickers 20140711	
Candidate Name	Category/Type	Transaction ID : SB17.5507 [MEMO ITEM]
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 <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 15 OF 16		
	<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)
SEND LARA TO CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 801 Se Johnson Ave		Amount of Each Disbursement this Period 4500.00
City Stuart	State FL	
Zip Code 34994	Purpose of Disbursement postage	Transaction ID : SB17.5486
Candidate Name	Category/ Type	
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 <input type="checkbox"/> Other (specify)	
State: District:		

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	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) 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	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).....	4500.00
TOTAL This Period (last page this line number only).....	30006.25

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

NAME OF COMMITTEE (In Full) **SEND LARA TO CONGRESS** Transaction ID : **SC/10.4266**

LOAN SOURCE Full Name (Last, First, Middle Initial) BRIAN LARA	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2336 S EAST OCEAN BLVD #348		

City	State	ZIP Code
STUART	FL	34996

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
95000.00	0.00	95000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 26	Y 2014	M / D / Y 4/7/2015	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).....	95000.00
TOTALS This Period (last page in this line only).....	95000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	