

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 MAY 28 PM 12:01

Office Use Only MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

Carlos For Congress

ADDRESS (number and street)

3030 Park Newport

Check if different than previously reported. (ACC)

Newport Beach

CA

92660

5834

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00558460

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

46

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06^M

03^D

2014^Y

in the State of

CA

(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

04^M

01^P

2014^Y

through

05^M

14^D

2014^Y

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 Carlos Vazquez

Signature of Treasurer

Carlos Vazquez

Date

05^M

19^D

2014^Y

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)

1403124233

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Carlos For Congress

Report Covering the Period: From: **04^M / 01^D / 2014^{Y Y Y Y}** To: **05^M / 14^D / 2014^{Y Y Y Y}**

14031242234

	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))	4850.00	12800.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4850.00	12300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5131.20	12060.29
(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))	5131.20	5131.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	239.71	
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)	0.00	

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)

Page 3

Write or Type Committee Name

Carlos For Congress

Report Covering the Period: From: MM / DD / YYYY
04 / 01 / 2014 To: MM / DD / YYYY
05 / 14 / 2014

I. RECEIPTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4850.00
0.00
4850.00
0.00
0.00
0.00
4850.00

12800.00
0.00
12800.00
0.00
0.00
0.00
12800.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00
0.00
0.00

0.00
0.00
0.00

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)..... ▶

4850.00

12800.00

14031242235

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	5131.20	12060.29
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	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committeea (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5131.20	12560.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	520.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4850.00
25. SUBTOTAL (add Line 23 and Line 24).....	5370.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5131.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	239.71

1403124236

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	12		13a		13b
				<input type="checkbox"/>	11d
					14
					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)
Carlos For Congress

A. Full Name (Last, First, Middle Initial)
Gharadjedghi, Ehsan

Mailing Address
24331 Muirlands Blvd #D4-306

City **Lake Forest** State **CA** Zip Code **92630**

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

Name of Employer **Self** Occupation **Psychologist**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt **04 / 03 / 2014**

Amount of Each Receipt this Period **150.00**

B. Full Name (Last, First, Middle Initial)
Alexandra, Richard

Mailing Address
519 Iris Ave

City **Corona Del Mar** State **CA** Zip Code **92625**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt **04 / 14 / 2014**

Amount of Each Receipt this Period **50.00**

C. Full Name (Last, First, Middle Initial)
Coil, Ann, P.

Mailing Address
2024 Victoria Dr

City **Santa Ana** State **CA** Zip Code **92705**

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

Name of Employer **Coil & Associates** Occupation **Career Consultant**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt **04 / 14 / 2014**

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional) **300.00**

TOTAL This Period (last page this line number only)

1403124237

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

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

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NAME OF COMMITTEE (In Full)
Carlos For Congress

A. Padilla, Manuel
Full Name (Last, First, Middle Initial)
Mailing Address: **19041 Chadbourne**
City: **Santa Ana** State: **CA** Zip Code: **92705**

Date of Receipt: **04 / 14 / 2014**

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

Amount of Each Receipt this Period: **250.00**

Name of Employer: **Retired** Occupation: **Retired**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date: **250.00**

B. Higuchi, Eduardo
Full Name (Last, First, Middle Initial)
Mailing Address: **8871 Ovidea Plz**
City: **Westminster** State: **CA** Zip Code: **92683**

Date of Receipt: **04 / 14 / 2014**

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

Amount of Each Receipt this Period: **50.00**

Name of Employer: **Higuchi Wealth Group** Occupation: **Financial Advisor**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date: **50.00**

C. Gallivan, Nancy
Full Name (Last, First, Middle Initial)
Mailing Address: **1912 N. Heliotrope Dr**
City: **Santa Ana** State: **CA** Zip Code: **92706**

Date of Receipt: **04 / 14 / 2014**

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

Amount of Each Receipt this Period: **100.00**

Name of Employer: **Retired** Occupation: **Retired**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date: **100.00**

SUBTOTAL of Receipts This Page (optional)..... **400.00**

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

14031242238

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

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

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NAME OF COMMITTEE (In Full)
Carlos For Congress

A. Delfino, Anthony
Full Name (Last, First, Middle Initial)

Mailing Address
1224 W. Bay

City **Newport Beach** State **CA** Zip Code **92661**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
04 / 04 / 2014

Amount of Each Receipt this Period
2600.00

B. Hubert, Robert
Full Name (Last, First, Middle Initial)

Mailing Address
525 El Paseo Dr

City **Corona Del Mar** State **CA** Zip Code **92625**

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

Name of Employer **Self** Occupation **Dentist**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
04 / 07 / 2014

Amount of Each Receipt this Period
100.00

C. Fry, Stephen
Full Name (Last, First, Middle Initial)

Mailing Address
1 Tidecrest

City **Newport Coast** State **CA** Zip Code **92657**

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

Name of Employer **Fry Steel** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
04 / 18 / 2014

Amount of Each Receipt this Period
1000.00

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

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

3700.00

14031242239

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

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Carlos For Congress

Full Name (Last, First, Middle Initial)
A. Cooper, Rebecca

Mailing Address
7 Baristo

City **Irvine** State **CA** Zip Code **92612**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
04 / 21 / 2014

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Watt, Ann

Mailing Address
20261 Spruce Ave

City **Newport Beach** State **CA** Zip Code **92660**

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

Name of Employer **CACM** Occupation **Admin Assistant**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
04 / 30 / 2014

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Metcalfe, Norman

Mailing Address
2007 Bayadere Terrace

City **Corona Del Mar** State **CA** Zip Code **92625**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
05 / 14 / 2014

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **400.00**

TOTAL This Period (last page this line number only)

14031242240

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

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	12		13a		13b
				<input type="checkbox"/>	11d
					14
					15

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NAME OF COMMITTEE (In Full)
Carlos For Congress

A. Full Name (Last, First, Middle Initial)
Gagne, Benita

Mailing Address
3614 W. Kingsway Ave.

City **Anaheim** State **CA** Zip Code **92804**

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

Name of Employer **Sage HCM** Occupation **Medical Report Editor**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt **05 / 14 / 2014**

Amount of Each Receipt this Period **50.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **50.00**

TOTAL This Period (last page this line number only)..... **4850.00**

14031242241

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<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)
Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Shell Oil

Date of Disbursement: **04 / 03 / 2014**

Mailing Address: **1600 Jamboree Rd**

City: **Newport Beach** State: **CA** Zip Code: **92660**

Purpose of Disbursement: **Gasoline** Amount of Each Disbursement this Period: **51.00**

Candidate Name: _____ Category/Type: **002**

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

State: _____ District: _____

Full Name (Last, First, Middle Initial)

B. Vistaprint

Date of Disbursement: **04 / 07 / 2014**

Mailing Address: **95 Hayden Ave**

City: **Lexington** State: **MA** Zip Code: **02421**

Purpose of Disbursement: _____ Amount of Each Disbursement this Period: **62.09**

Candidate Name: _____ Category/Type: **001**

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

State: _____ District: _____

Full Name (Last, First, Middle Initial)

C. Lincoln Club of Orange County

Date of Disbursement: **04 / 07 / 2014**

Mailing Address: **PO Box 8095**

City: **Newport Beach** State: **CA** Zip Code: **92658**

Purpose of Disbursement: **Fund-raising** Amount of Each Disbursement this Period: **25.00**

Candidate Name: _____ Category/Type: **003**

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)..... **138.09**

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

14031242242

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address **3101 W. Sunflower Ave**

City **Santa Ana** State **CA** Zip Code **92711**

Purpose of Disbursement **Shipping**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Amount of Each Disbursement this Period

12.60

001
Category/
Type

B. Vistaprint

Mailing Address **95 Hayden Ave**

City **Lexington** State **MA** Zip Code **02421**

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Amount of Each Disbursement this Period

100.15

001
Category/
Type

C. Newport Beach Public Library

Mailing Address **1000 Avocado Ave**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Printing**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Amount of Each Disbursement this Period

16.80

001
Category/
Type

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

129.55

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

14031242243

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
Carlos For Congress

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 150.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Fund-raising Site	Category/ Type 003
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. FedEx Office		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 2787 N. Main St		Amount of Each Disbursement this Period 23.76
City Santa Ana	State CA	
Zip Code 92705	Purpose of Disbursement Printing	Category/ Type 001
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) C. Segerstrom Center		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address 600 Town Center Dr		Amount of Each Disbursement this Period 125.00
City Costa Mesa	State CA	
Zip Code 92626	Purpose of Disbursement Advertising	Category/ Type 004
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).....	298.76
TOTAL This Period (last page this line number only).....	

14031242244

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. The Mail Room

Mailing Address **220 Newport Center Dr #11**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **PO Box**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

04 / **14** / **2014**

Amount of Each Disbursement this Period

13.97

001
Category/
Type

B. Chevron

Mailing Address **1550 Jamboree Rd**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Gasoline**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

04 / **14** / **2014**

Amount of Each Disbursement this Period

28.01

002
Category/
Type

C. Facebook

Mailing Address **1601 Willow Rd**

City **Menlo Park** State **CA** Zip Code **94025**

Purpose of Disbursement **Advertising**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

04 / **14** / **2014**

Amount of Each Disbursement this Period

50.52

004
Category/
Type

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

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

92.50

14031242245

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Shell Oil

Mailing Address **1600 Jamboree Rd**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Gasoline**

002

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

04 / **16** / **2014**

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. Mimi's Cafe

Mailing Address **1400 S Harbor Blvd**

City **Anaheim** State **CA** Zip Code **92802**

Purpose of Disbursement **Solicitation**

003

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

04 / **17** / **2014**

Amount of Each Disbursement this Period

15.51

Full Name (Last, First, Middle Initial)

C. FedEx

Mailing Address **3875 Airways, Module H3 Dept 4634**

City **Memphis** State **TN** Zip Code **38116**

Purpose of Disbursement **Shipping**

001

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

04 / **18** / **2014**

Amount of Each Disbursement this Period

71.95

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

147.46

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

14031242246

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<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)
Carlos For Congress

Full Name (Last, First, Middle Initial)

A. WuBell Services

Date of Disbursement: 04 / 25 / 2014

Mailing Address: 170 E. 17th St. #110

City: Costa Mesa State: CA Zip Code: 92627

Purpose of Disbursement: Accounting Services

Candidate Name: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period: 315.00

Category/Type: 001

Full Name (Last, First, Middle Initial)

B. Lincoln Club of Orange County

Date of Disbursement: 04 / 28 / 2014

Mailing Address: PO Box 8095

City: Newport Beach State: CA Zip Code: 92658

Purpose of Disbursement: []

Candidate Name: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period: 35.00

Category/Type: []

Full Name (Last, First, Middle Initial)

C. Vistaprint

Date of Disbursement: 04 / 28 / 2014

Mailing Address: 95 Hayden Ave

City: Lexington State: MA Zip Code: 02421

Purpose of Disbursement: Printing

Candidate Name: []

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period: 95.28

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 445.28

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

14031242247

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Vistaprint

Mailing Address **95 Hayden Ave**

City **Lexington** State **MA** Zip Code **02421**

Purpose of Disbursement **Printing**

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

04 / **28** / **2014**

Amount of Each Disbursement this Period

564.83

B. Chevron

Mailing Address **1550 Jamboree Rd**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Gasoline**

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

04 / **28** / **2014**

Amount of Each Disbursement this Period

61.05

C. OC Parking

Mailing Address **10 Civic Center Plaza**

City **Santa Ana** State **CA** Zip Code **92701**

Purpose of Disbursement **Parking**

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

04 / **28** / **2014**

Amount of Each Disbursement this Period

6.00

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

631.88

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

14031242248

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<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)
Carlos For Congress

Full Name (Last, First, Middle Initial) A. Vistaprint		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 115.00
City Lexington	State MA	
Zip Code 02421		Category/ Type 001
Purpose of Disbursement Printing		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 50.00
City Mountain View	State CA	
Zip Code 94043		Category/ Type 004
Purpose of Disbursement Advertising		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. FedEx Office		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 230 Newport Center Dr #100		Amount of Each Disbursement this Period 4.44
City Newport Beach	State CA	
Zip Code 92660		Category/ Type 001
Purpose of Disbursement Shipping		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	169.44
TOTAL This Period (last page this line number only).....	

14031242249

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Advertising

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Amount of Each Disbursement this Period

57.00

004
Category/
Type

B. LinkedIn

Mailing Address 2029 Stierlin Cy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Networking

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Amount of Each Disbursement this Period

29.99

003
Category/
Type

C. LinkedIn

Mailing Address 2029 Stierlin Cy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Networking

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Amount of Each Disbursement this Period

5.00

003
Category/
Type

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

91.99

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

14031242250

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. New Santa Ana

Mailing Address **2309 N. Spurgeon St**

City **Santa Ana** State **CA** Zip Code **92706**

Purpose of Disbursement **Advertising**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

04 ^M	28 ^D	2014 ^Y
-----------------	-----------------	-------------------

Amount of Each Disbursement this Period

250.00

004

Category/
Type

B. Constant Contact

Mailing Address **85 Second St Suite 100**

City **San Francisco** State **CA** Zip Code **94105**

Purpose of Disbursement **Marketing**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

04 ^M	28 ^D	2014 ^Y
-----------------	-----------------	-------------------

Amount of Each Disbursement this Period

35.00

001

Category/
Type

C. Chase Bank

Mailing Address **270 Park Ave**

City **New York** State **NY** Zip Code **10017**

Purpose of Disbursement **Service Fee**

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

04 ^M	30 ^D	2014 ^Y
-----------------	-----------------	-------------------

Amount of Each Disbursement this Period

12.00

001

Category/
Type

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

297.00

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

14031242251

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<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)
Cados For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Vistaprint		MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period	
City Lexington	State MA	Zip Code 02421	71.27
Purpose of Disbursement Printing		Category/Type 001	
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)		Date of Disbursement	
B. Copier Outlet		MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 7303 Orangethorpe		Amount of Each Disbursement this Period	
City Buena Park	State CA	Zip Code 90621	216.00
Purpose of Disbursement Printing		Category/Type 001	
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)		Date of Disbursement	
C. FedEx Office		MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 230 Newport Center Dr #100		Amount of Each Disbursement this Period	
City Newport Beach	State CA	Zip Code 92660	1.42
Purpose of Disbursement Shipping		Category/Type 001	
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).....	288.69
TOTAL This Period (last page this line number only).....	

1403124252

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Placer County Republican Party

Date of Disbursement: 04 / 24 / 2014

Mailing Address: 801 Riverside Ave #100

City: Roseville State: CA Zip Code: 95678

Purpose of Disbursement: Donation Category/Type: 012

Candidate Name:

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

State: District:

Amount of Each Disbursement this Period: 200.00

Full Name (Last, First, Middle Initial)

B. Orange County Business Council

Date of Disbursement: 04 / 03 / 2014

Mailing Address: 2 Park Plaza

City: Irvine State: CA Zip Code: 92614

Purpose of Disbursement: Donation Category/Type: 012

Candidate Name:

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

State: District:

Amount of Each Disbursement this Period: 145.00

Full Name (Last, First, Middle Initial)

C. Newport Harbor Republican Women

Date of Disbursement: 04 / 22 / 2014

Mailing Address: PO Box 5561

City: Newport Beach State: CA Zip Code: 92662

Purpose of Disbursement: Donation Category/Type: 012

Candidate Name:

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

State: District:

Amount of Each Disbursement this Period: 35.00

SUBTOTAL of Disbursements This Page (optional)..... 380.00

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

14031242253

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)
Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Pacific Research

Date of Disbursement

MM 05	DD 08	YYYY 2014
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Mailing Address **One Embarcadero Center**

Amount of Each Disbursement this Period

65.00

City **San Francisco** State **CA** Zip Code **94111**

Purpose of Disbursement **Donations**

012

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

B. Lynne Cheney and VP Dick Cheney

Date of Disbursement

MM 05	DD 09	YYYY 2014
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Mailing Address **18001 Yorba Linda Blvd**

Amount of Each Disbursement this Period

17.95

City **Yorba Linda** State **CA** Zip Code **92886**

Purpose of Disbursement **Political Event**

003

Candidate Name

Category/
Type

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

State: District:

Full Name (Last, First, Middle Initial)

C. Chevron

Date of Disbursement

MM 05	DD 13	YYYY 2014
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Mailing Address **1550 Jamboree Rd**

Amount of Each Disbursement this Period

61.04

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Gasoline**

002

Candidate Name

Category/
Type

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

State: District:

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

143.99

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

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14031242254

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<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)

Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Chevron

Mailing Address **1550 Jamboree Rd**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Gasoline** **002**

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M / ^D / ^Y

Amount of Each Disbursement this Period

B. Orange County Register

Mailing Address **625 N Grand Ave**

City **Santa Ana** State **CA** Zip Code **9701**

Purpose of Disbursement **Advertising** **004**

Candidate Name

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

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

^M / ^D / ^Y

Amount of Each Disbursement this Period

C. World Affairs Council

Mailing Address **2102 Business Center Dr.**

City **Irvine** State **CA** Zip Code **92612**

Purpose of Disbursement **Event** **007**

Candidate Name

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

State: District:

Date of Disbursement

^M / ^D / ^Y

Amount of Each Disbursement this Period

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

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

1403124255

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<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)
Carlos For Congress

Full Name (Last, First, Middle Initial) A. Vistaprint		Date of Disbursement 04 / 21 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 76.91
City Lexington	State MA	
Zip Code 02421		Category/ Type 001
Purpose of Disbursement Printing		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Vistaprint		Date of Disbursement 04 / 21 / 2014
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 50.72
City Lexington	State MA	
Zip Code 02421		Category/ Type 001
Purpose of Disbursement Printing		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Vistaprint		Date of Disbursement 04 / 21 / 2014
Mailing Address 95 Hayden		Amount of Each Disbursement this Period 19.26
City Lexington	State MA	
Zip Code 02421		Category/ Type 001
Purpose of Disbursement Printing		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	146.89
TOTAL This Period (last page this line number only).....	

14031242256

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Efundraising Connection

Date of Disbursement: **04 / 18 / 2014**

Mailing Address: **2131 Capitol Ave #306**

City: **Sacramento** State: **CA** Zip Code: **95816**

Purpose of Disbursement: **Fundraising website** Category/Type: **003**

Candidate Name: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period: **30.00**

Full Name (Last, First, Middle Initial)

B. DNA-Nationbuilder

Date of Disbursement: **04 / 21 / 2014**

Mailing Address: **448 S. Hill St. Suite 200**

City: **Los Angeles** State: **CA** Zip Code: **90013**

Purpose of Disbursement: **Website** Category/Type: **001**

Candidate Name: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period: **19.00**

Full Name (Last, First, Middle Initial)

C. Lincoln Club of Orange County

Date of Disbursement: **04 / 21 / 2014**

Mailing Address: **PO Box 8095**

City: **Newport Beach** State: **CA** Zip Code: **92658**

Purpose of Disbursement: **Fund-raising** Category/Type: **003**

Candidate Name: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period: **325.00**

SUBTOTAL of Disbursements This Page (optional)..... **374.00**

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

1403124257

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c

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NAME OF COMMITTEE (In Full)
Carlos For Congress

Full Name (Last, First, Middle Initial)

A. Amazon.com

Mailing Address **410 Terry Ave N**

City **Seattle** State **WA** Zip Code **98109**

Purpose of Disbursement **Laptop** 006 Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement 04 / 15 / 2014

Amount of Each Disbursement this Period 401.13

Full Name (Last, First, Middle Initial)

B. Cecilia Iglesias for 69th Assembly District

Mailing Address **1222 South Arapaho**

City **Santa Ana** State **CA** Zip Code **92704**

Purpose of Disbursement **Contribution** 011 Category/Type

Candidate Name **Cecilia Iglesias**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **CA** District: **69th**

Date of Disbursement 04 / 15 / 2014

Amount of Each Disbursement this Period 100.00

Full Name (Last, First, Middle Initial)

C. Newport Beach Public Library

Mailing Address **1000 Avocado Ave**

City **Newport Beach** State **CA** Zip Code **92660**

Purpose of Disbursement **Printing** 001 Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement 04 / 15 / 2014

Amount of Each Disbursement this Period 8.25

SUBTOTAL of Disbursements This Page (optional)..... 509.38

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

1403124258

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<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)
Carlos For Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. FedEx Office		MM / DD / YYYY 04 / 07 / 2014	
Mailing Address 2787 N Main St		Amount of Each Disbursement this Period	
City Santa Ana	State CA	Zip Code 92705	153.58
Purpose of Disbursement Printing		Category/ Type 001	
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)		Date of Disbursement	
B. Orange County Register		MM / DD / YYYY 04 / 09 / 2014	
Mailing Address 625 N Grand Ave		Amount of Each Disbursement this Period	
City Santa Ana	State CA	Zip Code 92701	19.99
Purpose of Disbursement Advertising		Category/ Type 004	
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)		Date of Disbursement	
C. Facebook		MM / DD / YYYY 04 / 10 / 2014	
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period	
City Menlo Park	State CA	Zip Code 94025	25.49
Purpose of Disbursement Advertising		Category/ Type 004	
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)	199.06
TOTAL This Period (last page this line number only)	

1403124259

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<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)
Carlos For Congress

A. Gina Zari

Full Name (Last, First, Middle Initial)

Mailing Address **2034 E. Lincoln #222**

City **Anaheim** State **CA** Zip Code **92806**

Purpose of Disbursement **Political Consultant**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **04 / 23 / 2014**

Amount of Each Disbursement this Period: **500.00**

Category/Type: **001**

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/Type

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

TOTAL This Period (last page this line number only)..... **5131.20**

1403124260

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Costa Mesa, CA 92627

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

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