

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
WAYNE TRUE FOR CONGRESS

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))....	9809.79	17023.79
(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))	9809.79	17023.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3284.44	5044.48
(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)).....	3284.44	5044.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	17259.30	
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).....	20673.11	

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

WAYNE TRUE FOR 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).....	6724.19	11624.19
(ii) Unitemized	2085.60	4399.60
(iii) TOTAL of contributions from individuals ▶	8809.79	16023.79
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9809.79	17023.79
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	5200.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5200.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	79.99	79.99
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14889.78	22303.78

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3284.44	5044.48
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) ►	3284.44	5044.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5653.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14889.78
25. SUBTOTAL (add Line 23 and Line 24).....	20543.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3284.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17259.30

**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 21			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Denise Ashley

Mailing Address 7985 Rainey St

City La Mesa State CA Zip Code 91942

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **411.02**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
243.42

In-kind - Misc office supplie for organizing precinct walkers

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

Mailing Address 7985 Rainey St

City La Mesa State CA Zip Code 91942

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **641.79**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 30 / 2014

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period
230.77

In-kind - campaign buttons

C. Full Name (Last, First, Middle Initial)
Mr. Larry John Darby

Mailing Address 3619 Nereis Dr

City La Mesa State CA Zip Code 91941

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

Name of Employer Swift Transportation Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period
250.00

Campaign donation

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

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

724.19

**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 21
	<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)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs Ann Elliott

Mailing Address 9217 Brier Rd

City La Mesa State CA Zip Code 91942-3566

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

Name of Employer Self Occupation Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 04 / 2014

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
 1000.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Dr Blaine Fowler

Mailing Address 1314 Sundale Rd

City El Cajon State CA Zip Code 92019

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

Name of Employer Sharp Rees Stealy Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
 500.00

Campaign donation

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

Mailing Address 4015 Yale Ave.

City La Mesa State CA Zip Code 91941

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

Name of Employer F & L Industrial Solutions, In Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2014

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period
 250.00

Campaign Donation

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

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

1750.00

**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 21
	<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)
WAYNE TRUE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr Eva Leonard		Date of Receipt M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 6034 Sierra View Way		Transaction ID : SA11AI.4357	
City San Diego	State CA	Zip Code 92120	Amount of Each Receipt this Period Campaign Donation 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Grossmont Family Medical Group	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Mr Jim Maczko		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2014	
Mailing Address P O Box 712918		Transaction ID : SA11AI.4361	
City San Diego	State CA	Zip Code 92171	Amount of Each Receipt this Period Campaign Donation 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer R. E. Staite Engineering, Inc.	Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Vicky Trask		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 2729 Palm Ave.		Transaction ID : SA11AI.4325	
City Lemon Grove	State CA	Zip Code 91945	Amount of Each Receipt this Period campaign donation 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer housewife	Occupation housewife		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs Barbara S True

Mailing Address 8750 Springview Ln

City State Zip Code
La Mesa CA 91941-5473

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
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period
1000.00

Campaign donation

B. Full Name (Last, First, Middle Initial)
Mrs Barbara S True

Mailing Address 8750 Springview Ln

City State Zip Code
La Mesa CA 91941-5473

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
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2014

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
1000.00

Campaign donatio

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).....

2000.00

6724.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lone Star Leadership PAC

Mailing Address **P O Box 30844**

City **Bethesda** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00415208**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00** _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11C.4343

Amount of Each Receipt this Period
 _____ **1000.00** _____
 campaign donation

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).....

_____ **1000.00** _____

_____ **1000.00** _____

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<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)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr Wayne S True

Mailing Address 8750 Springview Lane

City State Zip Code
La Mesa CA 91941-5473

FEC ID number of contributing federal political committee. **C H4CA53075**

Name of Employer Occupation
Sharp Rees-Stealy Medical Grou Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11283.75

Date of Receipt
M M / D D / Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11D.4317

Amount of Each Receipt this Period
4269.23

Door hangers: Candidate to be reimbursed in later report period
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dr Wayne S True

Mailing Address 8750 Springview Lane

City State Zip Code
La Mesa CA 91941-5473

FEC ID number of contributing federal political committee. **C H4CA53075**

Name of Employer Occupation
Sharp Rees-Stealy Medical Grou Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13283.75

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2014

Transaction ID : SA11D.4318

Amount of Each Receipt this Period
2000.00

Deposit, yard signs: Candidate to be reimbursed in later report period
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Dr Wayne S True

Mailing Address 8750 Springview Lane

City State Zip Code
La Mesa CA 91941-5473

FEC ID number of contributing federal political committee. **C H4CA53075**

Name of Employer Occupation
Sharp Rees-Stealy Medical Grou Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13305.48

Date of Receipt
M M / D D / Y Y Y Y
04 / 27 / 2014

Transaction ID : SA11D.4340

Amount of Each Receipt this Period
21.73

Thank you notes: Staples; Reimburse candidate in later report
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<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)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr Wayne S True

Mailing Address 8750 Springview Lane

City La Mesa State CA Zip Code 91941-5473

FEC ID number of contributing federal political committee. **C H4CA53075**

Name of Employer Sharp Rees-Stealy Medical Grou Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
15673.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11D.4338

Amount of Each Receipt this Period
2367.63

yard signs:Attention Getters;Reimburse candidate in later report
[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<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)
WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr Wayne S True

Mailing Address 8750 Springview Lane

City La Mesa State CA Zip Code 91941-5473

FEC ID number of contributing federal political committee. **C H4CA53075**

Name of Employer Sharp Rees-Stealy Medical Grou Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20673.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2014

Transaction ID : SA13A.4381

Amount of Each Receipt this Period
 _____ **5000.00**

Loan from candidte

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).....

_____ **5000.00**

_____ **5000.00**

**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 13 OF 21	
	<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)
WAYNE TRUE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Denise Ashley		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 7985 Rainey St		Amount of Each Disbursement this Period 243.42 Transaction ID : SB17.4312
City La Mesa	State CA	
Zip Code 91942	Purpose of Disbursement In-kind - Misc office supplie for organizing precinct walkers	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. Denise Ashley		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 7985 Rainey St		Amount of Each Disbursement this Period 230.77 Transaction ID : SB17.4331
City La Mesa	State CA	
Zip Code 91942	Purpose of Disbursement In-kind - campaign buttons	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. Checkmate Consulting		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address P O Box 743		Amount of Each Disbursement this Period 1075.00 Transaction ID : SB17.4281
City Henderson	State TN	
Zip Code 38340	Purpose of Disbursement FEC compliance consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1549.19
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 15 OF 21	
	<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)
WAYNE TRUE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr Wayne S True		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 8750 Springview Lane		Amount of Each Disbursement this Period 360.20 Transaction ID : SB17.4366
City La Mesa State CA Zip Code 91941-5473	Purpose of Disbursement Reimburse candidate for Red Stampede licensing fee & donation processing Candidate Name Category/Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Red Stampede		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 6701 Fairview Rd		Amount of Each Disbursement this Period 360.20 Transaction ID : SB17.4366.0 [MEMO ITEM]
City Charlotte State NC Zip Code 28210	Purpose of Disbursement Licensing & fund raising fees Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	360.20
TOTAL This Period (last page this line number only).....	2582.85

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/10.4201

WAYNE TRUE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Dr Wayne S True

Primary

General

Other (specify) ▼

Mailing Address

8750 Springview Lane

City

State

ZIP Code

La Mesa

CA

91941-5473

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

01

28

2014

Date Due

10/15/2014

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)..... ▶

200.00

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/10.4381

WAYNE TRUE FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

Dr Wayne S True

Primary

General

Other (specify) ▼

Mailing Address

8750 Springview Lane

City

State

ZIP Code

La Mesa

CA

91941-5473

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M 05 / D 11 / Y 2014

Date Due

M / D / Y 10/15/2014

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)..... ▶

5000.00

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

5200.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr Wayne S True		Nature of Debt (Purpose): Candidate to be reimbursed in later report period: P O Box rental, USPS
Mailing Address 8750 Springview Lane		
City State	Zip Code	
La Mesa	CA	91941-5473

Outstanding Balance Beginning This Period	Transaction ID : SD10.4283	
<input type="text" value="133.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="133.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr Wayne S True		Nature of Debt (Purpose): to be reimbursed later reporting period:GoDaddy 2/5/2014
Mailing Address 8750 Springview Lane		
City State	Zip Code	
La Mesa	CA	91941-5473

Outstanding Balance Beginning This Period	Transaction ID : SD10.4216	
<input type="text" value="254.09"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="254.09"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr Wayne S True		Nature of Debt (Purpose): Test PayPal process, refund to candidate in later report period
Mailing Address 8750 Springview Lane		
City State	Zip Code	
La Mesa	CA	91941-5473

Outstanding Balance Beginning This Period	Transaction ID : SD10.4288	
<input type="text" value="25.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="412.09"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

to be reimbursed later reporting period: Filing fees SD Co Registrar 3/7/14

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

2005.00

Transaction ID : SD10.4217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2005.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Candidate to be reimbursed in later report period: Office Depot office supplies

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

117.48

Transaction ID : SD10.4289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117.48

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Reimburse Candidate in later report period: Postage stamps CostCo

Mailing Address 8750 Springview Lane

City

State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

48.75

Transaction ID : SD10.4290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

48.75

1) **SUBTOTALS** This Period This Page (optional) ▶

2171.23

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

To be reimbursed later reporting period: Red Stampede fund raiser 3/21/14

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

2700.00

Transaction ID : SD10.4218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2700.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Reimburse Candidate in later report: Filing fees S D Co Registrar

Mailing Address 8750 Springview Lane

City State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

1531.20

Transaction ID : SD10.4291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1531.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Dr Wayne S True

Nature of Debt (Purpose):

Door hangers Candidate to be reimbursed in later report period

Mailing Address 8750 Springview Lane

City

State

Zip Code

La Mesa

CA

91941-5473

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4316

Amount Incurred This Period

4269.23

Payment This Period

0.00

Outstanding Balance at Close of This Period

4269.23

1) **SUBTOTALS** This Period This Page (optional) ▶

8500.43

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

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

NAME OF COMMITTEE (In Full)

WAYNE TRUE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr Wayne S True		Nature of Debt (Purpose): Deposit, yard signs:Candidste to be reimbursed in later report period
Mailing Address 8750 Springview Lane		
City State La Mesa CA	Zip Code 91941-5473	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4319	
Amount Incurred This Period 2000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr Wayne S True		Nature of Debt (Purpose): Thank you cards:Candidate to be reimbursed in later report period
Mailing Address 8750 Springview Lane		
City State La Mesa CA	Zip Code 91941-5473	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4332	
Amount Incurred This Period 21.73	Payment This Period 0.00	Outstanding Balance at Close of This Period 21.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dr Wayne S True		Nature of Debt (Purpose): Lawn signs, AttentionGetters:Candidate to be reimbursed in later report period
Mailing Address 8750 Springview Lane		
City State La Mesa CA	Zip Code 91941-5473	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4333	
Amount Incurred This Period 2367.63	Payment This Period 0.00	Outstanding Balance at Close of This Period 2367.63

1) SUBTOTALS This Period This Page (optional)	4389.36
2) TOTALS This Period (last page this line number only)	15473.11
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	5200.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	20673.11