

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
ANNETTE TEIJEIRO FOR CONGRESS

ADDRESS (number and street) 1916 HOUSTON DRIVE
 Check if different than previously reported. (ACC) LAS VEGAS NV 89104

2. **FEC IDENTIFICATION NUMBER** C C00559492 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NV 01

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 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 through M M / D D / Y Y Y Y
07 / 01 / 2015 through 09 / 30 / 2015

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 Steven Sertich
Signature of Treasurer Steven Sertich *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 14 / 2015

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

ANNETTE TEIJEIRO 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))....	10831.00	10957.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10831.00	10957.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2502.05	6408.90
(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)).....	2502.05	6408.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1471.52	
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).....	8024.15	

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

ANNETTE TEIJEIRO FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

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).....	6850.00	6850.00
(ii) Unitemized	3981.00	4107.00
(iii) TOTAL of contributions from individuals	10831.00	10957.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10831.00	10957.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	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).....	10831.00	10957.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2502.05	6408.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	95000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	95000.00
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) ►	2502.05	101408.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-6857.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10831.00
25. SUBTOTAL (add Line 23 and Line 24).....	3973.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2502.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1471.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
ANNETTE TEIJEIRO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Scott Boman

Mailing Address 2268 Loring Ave

City Henderson State NV Zip Code 89074

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.5080

Amount of Each Receipt this Period
 250.00

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

Mailing Address 11711 Morning Grove Dr

City Las Vegas State NV Zip Code 89135

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

Name of Employer Desert Anesthesia Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period
 500.00

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

Mailing Address 171 Ultra Dr

City Henderson State NV Zip Code 89074

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

Name of Employer Phils Photos Occupation Photographer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period
 300.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
ANNETTE TEIJEIRO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Julio Garcia

Mailing Address 104 Blenheim

City Las Vegas State NV Zip Code 89135

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

Name of Employer Las Vegas Cosmetic Surgery Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5375 S. Fort Apache #103

City Las Vegas State NV Zip Code 89148

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

Name of Employer TrimCare Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Jose A Hernandez Jr.

Mailing Address 3643 Australian Cloud Dr

City Las Vegas State NV Zip Code 89135

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

Name of Employer Branch Hernandez Consulting Occupation Insurance Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2015

Transaction ID : SA11AI.5108

Amount of Each Receipt this Period
 250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
ANNETTE TEIJEIRO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Roni Hines

Mailing Address 7926 W Cheyenne Ave

City Las Vegas State NV Zip Code 89129

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

Name of Employer PBS Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2015

Transaction ID : SA11AI.5101

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Susan Irene Hoenninger

Mailing Address 2104 Poppywood Ave

City Henderson State NV Zip Code 89012

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : SA11AI.5065

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Beth A Johnson

Mailing Address 9512 Calico Garden Ave

City Las Vegas State NV Zip Code 89134

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

Name of Employer PBS Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2015

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period
 250.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
ANNETTE TEIJEIRO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Marietta Nelson

Mailing Address 8241 Unicorn St.

City Las Vegas State NV Zip Code 89131

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

Name of Employer Eye Clinic of Las Vegas Occupation Physician

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2015

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
 500.00

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

Mailing Address 32 Kempton Lane

City Ladera Ranch State CA Zip Code 92694

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

Name of Employer Newport Harbor Anesthesia Cons Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 17 / 2015

Transaction ID : SA11AI.4994

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2707 Mallard Landing Ave

City Henderson State NV Zip Code 89074

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

Name of Employer PBS Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2015

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period
 2500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)
 11a 11b 11c 11d
 12 13a 13b 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)
ANNETTE TEIJEIRO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Arturo Ramudo

Mailing Address 9810 Village Center Drive

City State Zip Code
Granite Bay CA 95746

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

Name of Employer Self Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 17 / 2015

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period
 250.00

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

Mailing Address 7326 W Cheyenne Ave

City State Zip Code
Las Vegas NV 89129

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

Name of Employer PBS Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.5091

Amount of Each Receipt this Period
 250.00

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

Mailing Address 149 S Ring Dove Dr

City State Zip Code
Las Vegas NV 89144

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

Name of Employer Self Occupation Anesthesiologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2015

Transaction ID : SA11AI.5099

Amount of Each Receipt this Period
 250.00

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

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

750.00

6850.00

**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 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
ANNETTE TEIJEIRO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Century Link			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015		
Mailing Address 1321 W. Sunset Rd.			Amount of Each Disbursement this Period 195.27		
City Henderson	State NV	Zip Code 89014	Transaction ID : SB17.5133		
Purpose of Disbursement		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Facebook			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015		
Mailing Address 1601 Willow Rd.			Amount of Each Disbursement this Period 17.97		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SB17.5137		
Purpose of Disbursement		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Facebook			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015		
Mailing Address 1601 Willow Rd.			Amount of Each Disbursement this Period 487.03		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SB17.5149		
Purpose of Disbursement		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	700.27
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 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
ANNETTE TEIJEIRO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JetBlue			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015		
Mailing Address 6322 South 3000 East			Amount of Each Disbursement this Period 78.20		
City Salt Lake City	State UT	Zip Code 84120	Transaction ID : SB17.5150		
Purpose of Disbursement		002 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. MetroPCS			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015		
Mailing Address 4069 S. Maryland Pkwy			Amount of Each Disbursement this Period 106.00		
City Las Vegas	State NV	Zip Code 89119	Transaction ID : SB17.5153		
Purpose of Disbursement		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Wagadoo Inc			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015		
Mailing Address 230 N Cresent Way A-B			Amount of Each Disbursement this Period 1000.00		
City Anaheim	State CA	Zip Code 92801	Transaction ID : SB17.5145		
Purpose of Disbursement		004 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1184.20
TOTAL This Period (last page this line number only).....	1884.47

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

NAME OF COMMITTEE (In Full) **ANNETTE TEIJEIRO FOR CONGRESS** Transaction ID : **SC/10.4303**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** ANNETTE TEIJEIRO
 Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 1916 HOUSTON DRIVE
 City State ZIP Code
 LAS VEGAS NV 89104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2991.89	0.00	2991.89

TERMS
 Date Incurred: M 11 / D 01 / Y 2013
 Date Due: M / D / Y 2018
 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)..... ▶ 2991.89
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/10.4304

ANNETTE TEIJEIRO FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

ANNETTE TEIJEIRO

Primary

General

Other (specify) ▼

Mailing Address

1916 HOUSTON DRIVE

City

State

ZIP Code

LAS VEGAS

NV

89104

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

95000.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

31

2014

2018

0.00

% (apr)

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)..... ▶

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ANNETTE TEIJEIRO FOR CONGRESS** Transaction ID : **SC/10.4566**

LOAN SOURCE Full Name (Last, First, Middle Initial) ANNETTE TEIJEIRO	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1916 HOUSTON DRIVE	

City	State	ZIP Code
LAS VEGAS	NV	89104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32.26	0.00	32.26

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 12 / Y 2014	M M / D D / Y Y Y Y	% (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).....	32.26
TOTALS This Period (last page in this line only).....	8024.15
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	