

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

Norma Torres for Congress

ADDRESS (number and street) ▼

728 W. Edna Place

Check if different than previously reported. (ACC)

Covina

CA

91722

2. **FEC IDENTIFICATION NUMBER** ▼

C C00557652

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CA

35

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 / 03 / 2014 in the State of CA

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014

through

05 / 14 / 2014

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

Type or Print Name of Treasurer Yolanda Miranda

Signature of Treasurer Yolanda Miranda

[Electronically Filed]

Date

05 / 22 / 2014

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Norma Torres for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	54048.16	101210.42
(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)).....	54048.16	101210.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	75055.08	89050.75
(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)).....	75055.08	89050.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10637.97	
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).....	27756.10	

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

Norma Torres 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).....	21700.00	30500.00
(ii) Unitemized.....	1848.16	2460.42
(iii) TOTAL of contributions from individuals ▶	23548.16	32960.42
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30500.00	68250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	54048.16	101210.42
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	1000.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1000.00
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)..... ▶	54048.16	102210.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75055.08	89050.75
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	1000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1000.00
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	1521.70	1521.70
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	76576.78	91572.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	33166.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	54048.16
25. SUBTOTAL (add Line 23 and Line 24).....	87214.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76576.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10637.97

**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 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Edward Ayoob

Mailing Address 5509 39th Street NW

City Washington State DC Zip Code 20015

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

Name of Employer Barnes & Thornburg Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : IDTA25

Amount of Each Receipt this Period
 500.00

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

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 : INCA75IDTA25

Amount of Each Receipt this Period
 500.00

Contributions under \$200
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Paul R. Booth

Mailing Address 3724 Benton St., NW

City Washington State DC Zip Code 20007

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

Name of Employer AFSCME Occupation Executive Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA83

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 6 OF 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Bettina Duval

Mailing Address 5302 West 83rd Street

City Los Angeles State CA Zip Code 90045

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

Name of Employer CALIFORNIALIST Occupation Founder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : IDTA17

Amount of Each Receipt this Period
1000.00

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9331.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 20 / 2014

Transaction ID : INCA71IDTA17

Amount of Each Receipt this Period
1000.00

Conduit - Some contributions under \$100
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Stanley P. Gold

Mailing Address 3500 W. Olive Ave.

City Burbank State CA Zip Code 91505

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

Name of Employer Shamrock Holding Occupation Business Executive / CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : INCA50

Amount of Each Receipt this Period
2600.00

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

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

3600.00

**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 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Herbert Hafif

Mailing Address 265 W. Bonita Avenue

City State Zip Code
Claremont CA 91711

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

Name of Employer Occupation
Law Offices of Herbert Hafif Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2014

Transaction ID : INCA79

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Pamela L. Lowry

Mailing Address 27 Oak Road

City State Zip Code
Santa Cruz CA 95060

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2014

Transaction ID : IDTA38

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Emily's List Federal Fund

Mailing Address 1800 M Street, NW Suite 375 N

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
569.42

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : INCA146IDTA38

Amount of Each Receipt this Period
250.00

Coundit contribution
[MEMO ITEM]

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

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

2750.00

**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 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Glen David Mason

Mailing Address 2625 N. Pocomoke St.

City: Arlington State: VA Zip Code: 22207

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

Name of Employer: Mason Consulting, LLC Occupation: Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 06 / 2014

Transaction ID : INCA129

Amount of Each Receipt this Period: 250.00

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

Mailing Address 14 Scenic Bluff

City: Newport Coast State: CA Zip Code: 92657

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

Name of Employer: Sadra Health Care REIT Occupation: CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 05 / 14 / 2014

Transaction ID : IDTA37

Amount of Each Receipt this Period: 600.00

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

Mailing Address 366 Summer Street

City: Somerville State: MA Zip Code: 02144-3132

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

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 9331.00

Date of Receipt: 05 / 14 / 2014

Transaction ID : INCA139IDTA37

Amount of Each Receipt this Period: 600.00

[MEMO ITEM]

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

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

850.00

**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 9 OF 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
George Pla

Mailing Address 1401 North Broadway

City Los Angeles State CA Zip Code 90012

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

Name of Employer Cordoba Corporation Occupation President / CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : IDTA32

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

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 : INCA117IDTA32

Amount of Each Receipt this Period
 2000.00

[MEMO ITEM]

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

Mailing Address 3275 Amberhill Dr.

City Highland State CA Zip Code 92346

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

Name of Employer James Ramos Occupation Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 10 / 2014

Transaction ID : IDTA36

Amount of Each Receipt this Period
 2600.00

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

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

4600.00

**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 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 9331.00

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

Transaction ID : INCA117IDTA36

Amount of Each Receipt this Period
 2600.00

[MEMO ITEM]

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

Mailing Address 16850 Bear Valley Road

City Victorville State CA Zip Code 92395

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

Name of Employer Occupation
 Desert Valley Hospital Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : INCA103

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
San Manuel Band of Mission Indians

Mailing Address 26569 Community Center Drive

City Highland State CA Zip Code 92346

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : NONA131

Amount of Each Receipt this Period
 750.00
 Food and Beverages for an event

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

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

3350.00

**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 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
San Manuel Band of Mission Indians

Mailing Address 26569 Community Center Drive

City Highland State CA Zip Code 92346

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : NONA132

Amount of Each Receipt this Period
500.00
Transportation for the event

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

Mailing Address 517 2nd St., Northeast

City Washington State DC Zip Code 20002

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

Name of Employer Occupation
David Turch and Associates Marketing Strategist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : INCA82

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Viejas Tribal Gov't

Mailing Address 1 Viejas Grade Road

City Alpine State CA Zip Code 91901

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : INCA104

Amount of Each Receipt this Period
2600.00

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

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

3350.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA104

Permissible Funds

Form/Schedule:

Transaction ID:

**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 13 OF 35
	<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Viejas Tribal Gov't

Mailing Address 1 Viejas Grade Road

City Alpine State CA Zip Code 91901

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4800.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : INCA105

Amount of Each Receipt this Period
2200.00

B. Full Name (Last, First, Middle Initial)
Huu Dinh Vo MD

Mailing Address 23690 Ridge Crest Ct.

City Diamond Bar State CA Zip Code 91765-6106

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

Name of Employer Occupation
Pomona Medical Clinic Physician

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 / 22 / 2014

Transaction ID : INCA67

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2450.00

21700.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA105

Permissible Funds

Form/Schedule:

Transaction ID:

**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 15 OF 35
<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
American Bankers Assn.

Mailing Address 1120 Connecticut Avenue N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : INCA100

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
American Dental Political Action Committee

Mailing Address 1111- 14th Street, NW, Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA134

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
American Fed. of State, County & Municipal Employees -AFL-CIO PEOPLE

Mailing Address 1625 L Street N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : INCA101

Amount of Each Receipt this Period
 5000.00

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

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

9500.00

**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 16 OF 35
<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)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Int'l Union of Operating Engineers Local 12

Mailing Address 150 E. Corson St.

City Pasadena State CA Zip Code 91103

FEC ID number of contributing federal political committee. **C** C00219568

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : INCA102

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
Leadership for Today and Tomorrow

Mailing Address 700 13th Street, NW, Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00299149

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA81

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 905 16th Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA65

Amount of Each Receipt this Period
 2500.00

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

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

8500.00

**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 17 OF 35
	<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)
Norma Torres for Congress

A. McKesson Corporation Employees Political Fund

Full Name (Last, First, Middle Initial)
Mailing Address One Post Street, 34th Floor

City San Francisco State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : INCA125

Amount of Each Receipt this Period
 2500.00

B. Mike Eng for L.A. Community College Board of Trustee 2013

Full Name (Last, First, Middle Initial)
Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : INCA124

Amount of Each Receipt this Period
 500.00

C. Pace of California School Employees Assn. Local, State, Federal Candidates

Full Name (Last, First, Middle Initial)
Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C** C00480830

Name of Employer Occupation

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 : INCA107

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA125

Permissible Funds

Form/Schedule: SA11C

Transaction ID: INCA124

Permissible Funds

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

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

FOR LINE NUMBER: PAGE 19 OF 35
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial)
Professional Engineers in CA Gov't Federal PAC

Mailing Address 555 capitol Mall, Ste. 1425

City Sacramento State CA Zip Code 95814

FEC ID number of contributing federal political committee. **C C00459800**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2014

Transaction ID : INCA126

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Realtors Political Action Committee

Mailing Address 430 N. Michigan Ave.

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA51

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
United Food and Commercial Workers International Union, AFL-CIO, CLC

Mailing Address 1775 K Street, N.W.

City Washington State DC Zip Code 20006-1598

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA138

Amount of Each Receipt this Period
 2500.00

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

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

8500.00

30500.00

**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 20 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 5.10 Transaction ID : EXPB54
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Processing Fee Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 41.48 Transaction ID : EXPB72
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Processing fee Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 8.50 Transaction ID : EXPB78
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Processing fee Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	55.08
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 21 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 32.39
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Processing fee	Transaction ID : EXPB90
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 181.70
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Processing service	Transaction ID : EXPB135
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 366 Summer Street		Amount of Each Disbursement this Period 23.70
City Somerville	State MA	
Zip Code 02144-3132	Purpose of Disbursement Processing service	Transaction ID : EXPB140
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	237.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 246.71
City Atlanta	State GA	
Zip Code 30353-7104	Purpose of Disbursement Telephone	Transaction ID : EXPB80
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Austin/Egoscue Development		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4225 Myrtle Ave.		Amount of Each Disbursement this Period 6500.00
City Long Beach	State CA	
Zip Code 90807	Purpose of Disbursement Fundraiser consulting	Transaction ID : EXPB47
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Austin/Egoscue Development		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 4225 Myrtle Ave.		Amount of Each Disbursement this Period 6500.00
City Long Beach	State CA	
Zip Code 90807	Purpose of Disbursement Fundraiser consulting	Transaction ID : EXPB108
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13246.71
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 23 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. BullsEye Marketing		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 19425 Londelius Street		Amount of Each Disbursement this Period 8472.50
City Northridge	State CA Zip Code 91324	
Purpose of Disbursement Mailer and postage	Category/Type 006	Transaction ID : EXPB84
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. U.S. Postal Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 900 N. Alameda Street		Amount of Each Disbursement this Period 7530.00
City Los Angeles	State CA Zip Code 90012	
Purpose of Disbursement Postage	Category/Type 006	Transaction ID : EDTB3EXPB84
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. BullsEye Marketing		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 19425 Londelius Street		Amount of Each Disbursement this Period 11500.25
City Northridge	State CA Zip Code 91324	
Purpose of Disbursement Mailer and postage	Category/Type 006	Transaction ID : EXPB85
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).....	19972.75
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 24 OF 35			
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 900 N. Alameda Street			Amount of Each Disbursement this Period 10291.00		
City Los Angeles	State CA	Zip Code 90012	Transaction ID : EDTB4EXPB85		
Purpose of Disbursement Postage		Category/ Type 006	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. BullsEye Marketing			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014		
Mailing Address 19425 Londelius Street			Amount of Each Disbursement this Period 11990.50		
City Northridge	State CA	Zip Code 91324	Transaction ID : EXPB123		
Purpose of Disbursement Mailer & postage		Category/ Type 006			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. U.S. Postal Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014		
Mailing Address 900 N. Alameda Street			Amount of Each Disbursement this Period 10542.00		
City Los Angeles	State CA	Zip Code 90012	Transaction ID : EDTB5EXPB123		
Purpose of Disbursement Postage		Category/ Type 006	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	11990.50
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 25 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. BullsEye Marketing			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 19425 Londelius Street			Amount of Each Disbursement this Period 3518.00	
City Northridge	State CA	Zip Code 91324	Transaction ID : EXPB122	
Purpose of Disbursement Mailer & postage		Category/ Type 006		
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. U.S. Postal Services			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014	
Mailing Address 900 N. Alameda Street			Amount of Each Disbursement this Period 2069.50	
City Los Angeles	State CA	Zip Code 90012	Transaction ID : EDTB6EXPB122	
Purpose of Disbursement Postage		Category/ Type 006	[MEMO ITEM]	
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. Campaign LA			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 15518 S. Broadway Street			Amount of Each Disbursement this Period 3710.00	
City Gardena	State CA	Zip Code 90248	Transaction ID : EXPB40	
Purpose of Disbursement Yard Signs		Category/ Type 006		
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).....	7228.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. Continental Colorcraft		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1166 West Garvey Ave.		Amount of Each Disbursement this Period 8,000.00 Transaction ID : EXPB59
City Monterey Park State CA Zip Code 91754	Purpose of Disbursement Mailer Candidate Name Category/Type 006	
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. Continental Colorcraft		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1166 West Garvey Ave.		Amount of Each Disbursement this Period 8,000.00 Transaction ID : EXPB66
City Monterey Park State CA Zip Code 91754	Purpose of Disbursement Mailers Candidate Name Category/Type 006	
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. Continuing The Republican Revolution		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1300 Bristol Street North, Suite 1		Amount of Each Disbursement this Period 8,000.00 Transaction ID : EXPB88
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement Slate Mailer Candidate Name Category/Type 006	
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).....	8645.29
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 27 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. Marisol Guerra		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 6376 Wellsley Ct.		Amount of Each Disbursement this Period 2000.00 Transaction ID : EXPB62
City Chino	State CA	
Zip Code 91710	Purpose of Disbursement Campaign operation manager	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:	

Full Name (Last, First, Middle Initial) B. Marisol Guerra		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 6376 Wellsley Ct.		Amount of Each Disbursement this Period 301.50 Transaction ID : EXPB73
City Chino	State CA	
Zip Code 91710	Purpose of Disbursement Reimbursement for supplies and food for volunteers	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:	

Full Name (Last, First, Middle Initial) c. Marisol Guerra		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 6376 Wellsley Ct.		Amount of Each Disbursement this Period 2000.00 Transaction ID : EXPB130
City Chino	State CA	
Zip Code 91710	Purpose of Disbursement Campaign operation manager	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).....	4301.50
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 28 OF 35		
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. Hotel Helix		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1430 Rhode Island Ave NW		Amount of Each Disbursement this Period 8.80
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement	Transaction ID : EXPB110
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JetBlue		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 118-29 Queens Blvd.		Amount of Each Disbursement this Period 566.00
City Forest Hills	State NY	
Zip Code 11375	Purpose of Disbursement 5/22/14 Airfare for candidate from Washington to Long Beach to Sacramento	Transaction ID : EXPB133
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Marshall Arts Creative Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 9616 Highland Gorge Drive		Amount of Each Disbursement this Period 3500.00
City Beverly Hills	State CA	
Zip Code 90210	Purpose of Disbursement Printing	Transaction ID : EXPB86
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4074.80
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 29 OF 35			
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. San Manuel Band of Mission Indians		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 26569 Community Center Drive		Amount of Each Disbursement this Period 500.00
City Highland	State CA Zip Code 92346	
Purpose of Disbursement Transportation for the event	Category/Type	Transaction ID : NONB132
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. San Manuel Band of Mission Indians		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 26569 Community Center Drive		Amount of Each Disbursement this Period 750.00
City Highland	State CA Zip Code 92346	
Purpose of Disbursement Food and Beverages for an event	Category/Type	Transaction ID : NONB131
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 5932 W Century Blvd.		Amount of Each Disbursement this Period 423.00
City Los Angeles	State CA Zip Code 90045	
Purpose of Disbursement 5/19/14 Travel to Washington for candidate	Category/Type 002	Transaction ID : EXPB142
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1673.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 35	
	<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)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. Voter Guide Slate Cards		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 6285 E. Spring Street, Suite 202		Amount of Each Disbursement this Period 2604.00
City Long Beach State CA Zip Code 90808	Purpose of Disbursement Slate Mailer Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB49
State: District:	Category/Type 006	

Full Name (Last, First, Middle Initial) B. Voter News Letter		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 15021 Ventura Blvd., #530		Amount of Each Disbursement this Period 810.00
City Sherman Oaks State CA Zip Code 91403	Purpose of Disbursement Slate Mailer 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)	Transaction ID : EXPB60
State: District:	Category/Type 006	

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	
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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3414.00
TOTAL This Period (last page this line number only).....	74839.42

**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 31 OF 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1401 21st Street, Suite 200		Amount of Each Disbursement this Period 350.00 Transaction ID : EXPB109
City Sacramento State CA Zip Code 95811	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name California Democratic Party	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. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1401 21st Street, Suite 200		Amount of Each Disbursement this Period 85.85 Transaction ID : EXPB55
City Sacramento State CA Zip Code 95811	Purpose of Disbursement DCSS Dues for Candidate Category/Type 011	
Candidate Name California Democratic Party	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. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1401 21st Street, Suite 200		Amount of Each Disbursement this Period 85.85 Transaction ID : EXPB56
City Sacramento State CA Zip Code 95811	Purpose of Disbursement DCSS Dues for staff member Category/Type 011	
Candidate Name California Democratic Party	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).....	521.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Norma Torres for Congress

Full Name (Last, First, Middle Initial) A. San Bernardino County Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 12026		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB136
City Riverside	State CA	
Zip Code 92513	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name San Bernardino County Democrat	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
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.		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	Category/ Type
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).....	1000.00
TOTAL This Period (last page this line number only).....	1521.70

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

NAME OF COMMITTEE (In Full)
Norma Torres for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Continental Colorcraft		Nature of Debt (Purpose): Printing mailer
Mailing Address 1166 West Garvey Ave.		
City	State	Zip Code
Monterey Park	CA	91754

Outstanding Balance Beginning This Period	Transaction ID : PAYD143	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3853.20"/>	<input type="text" value="0.00"/>	<input type="text" value="3853.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Megan Egoscue		Nature of Debt (Purpose): Travel expense for fundraiser consultant
Mailing Address 4225 Myrtle Ave.		
City	State	Zip Code
Long Beach	CA	90807

Outstanding Balance Beginning This Period	Transaction ID : PAYD160	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4664.30"/>	<input type="text" value="0.00"/>	<input type="text" value="4664.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Megan Egoscue		Nature of Debt (Purpose): Roundtrip to DC for fundraiser consultant
Mailing Address 4225 Myrtle Ave.		
City	State	Zip Code
Long Beach	CA	90807

Outstanding Balance Beginning This Period	Transaction ID : PAYD163	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1855.94"/>	<input type="text" value="0.00"/>	<input type="text" value="1855.94"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="10373.44"/>
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)	PAGE 34 OF 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Norma Torres for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kaufman Legal Group.	Nature of Debt (Purpose): Professional legal services
Mailing Address 777 South Figueroa St. Ste 4050	
City State Zip Code Los Angeles CA 90017	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD144	
Amount Incurred This Period 1682.66	Payment This Period 0.00	Outstanding Balance at Close of This Period 1682.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marshall Arts Creative Services, Inc.	Nature of Debt (Purpose): Printing
Mailing Address 9616 Highland Gorge Drive	
City State Zip Code Beverly Hills CA 90210	

Outstanding Balance Beginning This Period 3500.00	Transaction ID : PAYD44	
Amount Incurred This Period 0.00	Payment This Period 3500.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marshall Arts Creative Services, Inc.	Nature of Debt (Purpose): Printing
Mailing Address 9616 Highland Gorge Drive	
City State Zip Code Beverly Hills CA 90210	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD91	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00

1) SUBTOTALS This Period This Page (optional)	5182.66
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)

Norma Torres for Congress

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

Nature of Debt (Purpose):
Campaign Worker

Mailing Address 1602 N. Park Ave.

City State Zip Code
Pomona CA 91768

Outstanding Balance Beginning This Period
0.00

Transaction ID : PAYD158

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1200.00 0.00 1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SG&A Campaigns, Inc.

Nature of Debt (Purpose):
General campaign consultant

Mailing Address 600 P Layhouse Alley, Suite 504

City State Zip Code
Pasadena CA 91101

Outstanding Balance Beginning This Period
0.00

Transaction ID : PAYD68

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
10000.00 0.00 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Yolanda Miranda and Associates, Inc.

Nature of Debt (Purpose):
Accounting and reporting services

Mailing Address 728 W. Edna Place

City State Zip Code
Covina CA 91722

Outstanding Balance Beginning This Period
0.00

Transaction ID : PAYD161

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1000.00 0.00 1000.00

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

12200.00
27756.10
0.00
27756.10