

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

Stanley Chang for Congress

ADDRESS (number and street) 637 Ulumaika Street

Check if different than previously reported. (ACC)

Honolulu

HI

96816

2. **FEC IDENTIFICATION NUMBER** ▼

C C00540468

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

HI

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Mr. Nathan Okubo

Signature of Treasurer Mr. Nathan Okubo

[Electronically Filed]

Date

/ /

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

Stanley Chang 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))....	1500.00	755674.34
(b) Total Contribution Refunds (from Line 20(d))	77051.00	101951.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-75551.00	653723.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2320.86	674015.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	3640.68	3666.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-1319.82	670348.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Stanley Chang 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).....	1000.00	682140.14
(ii) Unitemized.....	0.00	59834.20
(iii) TOTAL of contributions from individuals ▶	1000.00	741974.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	13700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1500.00	755674.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	40000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3640.68	3666.17
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)..... ▶	5140.68	799340.51

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2320.86	674015.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	21242.26	21242.26
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	21242.26	21242.26
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	77051.00	101951.00
(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)).....	77051.00	101951.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	100614.12	797208.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	95473.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5140.68
25. SUBTOTAL (add Line 23 and Line 24).....	100614.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100614.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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

Form/Schedule: F3T
Transaction ID :

The candidate's loan has been forgiven, as indicated in this report, and the FEC should receive written confirmation within 5-7 business days of receipt of this report.

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 6 OF 31
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Connolly

Mailing Address 2646 Fairgreen Dr

City State Zip Code
Pittsburgh PA 15241-2916

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : VN8NRD7K1N8

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1848 Saint Louis Dr

City State Zip Code
Honolulu HI 96816-1933

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

Name of Employer KMH LLP Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : VN8NRD5HC62

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Lazar M. Palnick

Mailing Address 1216 Heberton St

City State Zip Code
Pittsburgh PA 15206-1715

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : VN8NRD7K0A8

Amount of Each Receipt this Period
 500.00

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

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

1000.00

1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 31	
<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
HDR, INC. POLITICAL ACTION COMMITTEE (HDR PAC)

Mailing Address 8404 Indian Hills Dr

City Omaha State NE Zip Code 68114-4049

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : VN8NRD7K0M7

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

500.00

**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 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

A. Cavanagh Associates
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Alakea St
 Ste 2600
 City Honolulu State HI Zip Code 96813-2848
 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 Y Y
 10 / 31 / 2014
Transaction ID : VN8NRD7K1S9
 Amount of Each Receipt this Period
 446.98

B. Hawaiian Electric
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Richards St
 City Honolulu State HI Zip Code 96813-2956
 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 Y Y
 10 / 27 / 2014
Transaction ID : VN8NRD7K205
 Amount of Each Receipt this Period
 298.41

C. Manoa Marketplace, LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2851 E Manoa Rd
 City Honolulu State HI Zip Code 96822-1858
 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 Y Y
 10 / 27 / 2014
Transaction ID : VN8NRD7K074
 Amount of Each Receipt this Period
 2895.29

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

3640.68
 3640.68

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

Form/Schedule: SA14

Transaction ID : VN8NRD7K1S9

Partial refund of insurance premium

Form/Schedule: SA14

Transaction ID: VN8NRD7K205

Partial refund of electricity deposit

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

Form/Schedule: SA14

Transaction ID : VN8NRD7K074

Partial refund of security deposit

Form/Schedule:

Transaction ID:

**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 31			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Central Pacific Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 220 S King St		Amount of Each Disbursement this Period 7.00
City Honolulu	State HI Zip Code 96813-4595	
Purpose of Disbursement Merchant Fees	001	Transaction ID : VN7PG9T7N81
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hawaiian Telecom		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1177 Bishop St		Amount of Each Disbursement this Period 248.84
City Honolulu	State HI Zip Code 96813-2837	
Purpose of Disbursement Phones	001	Transaction ID : VN7PG9TD3J9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Alina C Meltaus		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 708 Columbia Rd NW		Amount of Each Disbursement this Period 100.00
City Washington	State DC Zip Code 20001-3802	
Purpose of Disbursement Fundraising and Compliance Consulting	001	Transaction ID : VN7PG9TCZ40
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	355.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 31	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Aaron R. Miller		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1914 University Ave Apt 208		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7PG9TCSS3
City Honolulu	State HI Zip Code 96822-2473	
Purpose of Disbursement Sign Removal	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. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 38.34 Transaction ID : VN7PG9TCYY3
City Medley	State FL Zip Code 33178-1353	
Purpose of Disbursement Phones	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. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 38.34 Transaction ID : VN7PG9TCYZ1
City Medley	State FL Zip Code 33178-1353	
Purpose of Disbursement Phones	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).....	576.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 31	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 38.34
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones	
Candidate Name	Category/Type 001	Transaction ID : VN7PG9TCZ09
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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 8 Grove Street Suite 202		Amount of Each Disbursement this Period 1350.00
City Somerville State MA Zip Code 02144-2940	Purpose of Disbursement Merchant Fees	
Candidate Name	Category/Type 001	Transaction ID : VN7PG9TCZK9
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1388.34
TOTAL This Period (last page this line number only).....	2320.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 31	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Stanley Chang		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 637 Ulumaika St		Amount of Each Disbursement this Period 21242.26 Transaction ID : VN7PG9TD3K7
City Honolulu State HI Zip Code 96816-5203	Purpose of Disbursement Partial Repayment of Loan Category/Type 009	
Candidate Name Stanley Chang	Office Sought: <input checked="" 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: HI District: 01		

Full Name (Last, First, Middle Initial) B. Stanley Chang		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 637 Ulumaika St		Amount of Each Disbursement this Period 18757.74 Transaction ID : VN7PG9TD3M5
City Honolulu State HI Zip Code 96816-5203	Purpose of Disbursement Loan Forgiveness Category/Type 009	
Candidate Name Stanley Chang	Office Sought: <input checked="" 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: HI District: 01		*

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).....	21242.26
TOTAL This Period (last page this line number only).....	21242.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Jeffrey G. Arce		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1062 Iiwi St		Amount of Each Disbursement this Period 2600.00
City Honolulu	State HI Zip Code 96816-5111	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCRE4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

Full Name (Last, First, Middle Initial) B. Jeffrey L Berenberg		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 46-143 Nahiku Pl		Amount of Each Disbursement this Period 150.00
City Kaneohe	State HI Zip Code 96744-3625	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCRF2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

Full Name (Last, First, Middle Initial) c. Alisha Bhagat		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 156 Prince St		Amount of Each Disbursement this Period 2600.00
City New York	State NY Zip Code 10012-5318	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCSB3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5350.00
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 16 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Gregory Brandes		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1942 Colby Ave		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7PG9TCSN2
City Los Angeles State CA Zip Code 90025-5408	Purpose of Disbursement Refund of General Election Contribution Candidate Name 010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Anthony Brigode		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4707 Aukai Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCS89
City Honolulu State HI Zip Code 96816-5206	Purpose of Disbursement Refund of General Election Contribution Candidate Name 010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Albert G Chang		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 25 Country Hills Ct		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRG0
City Danville State CA Zip Code 94506-6149	Purpose of Disbursement Refund of General Election Contribution Candidate Name 010 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6600.00
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 17 OF 31	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Angela Chang		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 637 Ulumaika St		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRD6
City Honolulu	State HI Zip Code 96816-5203	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sen-Dou Chang		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 637 Ulumaika St		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRC8
City Honolulu	State HI Zip Code 96816-5203	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bao K Chen		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 637 Ulumaika St		Amount of Each Disbursement this Period 1600.00 Transaction ID : VN7PG9TCRH7
City Honolulu	State HI Zip Code 96816-5203	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6800.00
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 18 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Robert M. Creps		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1414 Mokulua Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7PG9TCS9
City Kailua	State HI	
Zip Code 96734-3252	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Casey Federman		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 536 Dalehurst Ave		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7PG9TCS30
City Los Angeles	State CA	
Zip Code 90024-2516	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Dana Federman		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 536 Dalehurst Ave		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7PG9TCSG2
City Los Angeles	State CA	
Zip Code 90024-2516	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3800.00
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 19 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Steven Gee		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 250 W 50th St Apt 27G		Amount of Each Disbursement this Period 2100.00 Transaction ID : VN7PG9TCRJ5
City New York State NY Zip Code 10019-6727	Purpose of Disbursement Refund of General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. David M Ginn		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2141 Newport PI NW Apt 3		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRK3
City Washington State DC Zip Code 20037-3005	Purpose of Disbursement Refund of General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. James Grosfeld		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 420 Martell Dr		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRZ8
City Bloomfield Hills State MI Zip Code 48304-3452	Purpose of Disbursement Refund of General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7300.00
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 20 OF 31	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Jason Grosfeld		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 10880 Wilshire Blvd Ste 2222		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRM1
City Los Angeles	State CA Zip Code 90024-4123	
Purpose of Disbursement Refund of General Election Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jenna Grosfeld		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 10866 Wilshire Blvd Fl 10		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCS06
City Los Angeles	State CA Zip Code 90024-4350	
Purpose of Disbursement Refund of General Election Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nancy Grosfeld		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1 Towne Sq Ste 1600		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCSE7
City Southfield	State MI Zip Code 48076-3728	
Purpose of Disbursement Refund of General Election Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 21 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Richard W. Gushman II		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3300 Pacific Heights Rd		Amount of Each Disbursement this Period 2600.00
City Honolulu	State HI Zip Code 96813-1075	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCSM4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 010
State: District:		

Full Name (Last, First, Middle Initial) B. Mitchell A. Imanaka		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3045 Wailani Rd		Amount of Each Disbursement this Period 1400.00
City Honolulu	State HI Zip Code 96813-1005	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCSQ8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 010
State: District:		

Full Name (Last, First, Middle Initial) c. Melvin Y. Kaneshige		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4615 Aukai Ave		Amount of Each Disbursement this Period 2400.00
City Honolulu	State HI Zip Code 96816-5204	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCRN9
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 010
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6400.00
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 22 OF 31	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Paul Kang		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 5383 Kahalakua St		Amount of Each Disbursement this Period 700.00 Transaction ID : VN7PG9TCS97
City Honolulu	State HI Zip Code 96821-1532	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Paul Kang		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 5383 Kahalakua St		Amount of Each Disbursement this Period 100.00 Transaction ID : VN7PG9TCZ74
City Honolulu	State HI Zip Code 96821-1532	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. BJ Kobayashi		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1910 Aleo Pl		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCRP7
City Honolulu	State HI Zip Code 96822-1904	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3400.00
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 23 OF 31	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Nicole R. R. Kobayashi		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1910 Aleo Pl		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCS55
City Honolulu	State HI Zip Code 96822-1904	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mi Kosasa		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1319 Punahou St Ste 1040		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCSH0
City Honolulu	State HI Zip Code 96826-1081	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Thomas S. Kosasa MD		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1319 Punahou St Ste 1040		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCSJ8
City Honolulu	State HI Zip Code 96826-1081	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7800.00
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 24 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Duncan MacNaughton		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1288 Ala Moana Blvd Ste 208		Amount of Each Disbursement this Period 2400.00
City Honolulu	State HI Zip Code 96814-4233	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCRQ5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 010
State: District:		

Full Name (Last, First, Middle Initial) B. Ian MacNaughton		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1288 Ala Moana Blvd Ste 208		Amount of Each Disbursement this Period 2600.00
City Honolulu	State HI Zip Code 96814-4233	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCRY0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 010
State: District:		

Full Name (Last, First, Middle Initial) c. Ann Nishioka		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4975 Kolohala St		Amount of Each Disbursement this Period 1000.00
City Honolulu	State HI Zip Code 96816-5126	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCSK6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 010
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
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 25 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Andrew B. Pacelli		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1500 Sheridan Rd		Amount of Each Disbursement this Period 2600.00
City Wilmette	State IL	
Zip Code 60091-1873	Purpose of Disbursement Refund of General Election Contribution	Transaction ID : VN7PG9TCZ58
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Richard Pentecost		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 935 Noio St		Amount of Each Disbursement this Period 400.00
City Honolulu	State HI	
Zip Code 96816-5229	Purpose of Disbursement Refund of General Election Contribution	Transaction ID : VN7PG9TCRR3
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ralph Reynolds		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 683 Kaumakani St		Amount of Each Disbursement this Period 900.00
City Honolulu	State HI	
Zip Code 96825-1827	Purpose of Disbursement Refund of General Election Contribution	Transaction ID : VN7PG9TCSP0
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3900.00
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 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Mark Robison		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3207 Diamond Head Rd		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7PG9TCS1
City Honolulu	State HI Zip Code 96815-4721	
Purpose of Disbursement Refund of General Election Contribution		Category/Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Asif Satchu		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 9665 Wilshire Blvd FI 2		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9TCSF4
City Beverly Hills	State CA Zip Code 90212-2340	
Purpose of Disbursement Refund of General Election Contribution		Category/Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Scott W. Settle		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 900 Fort Street Mall Ste 1800		Amount of Each Disbursement this Period 150.00 Transaction ID : VN7PG9TCS14
City Honolulu	State HI Zip Code 96813-3779	
Purpose of Disbursement Refund of General Election Contribution		Category/Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5150.00
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 27 OF 31	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Sajid Sharif		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 155 Low Country Ln		Amount of Each Disbursement this Period 100.00
City The Woodlands	State TX	
Zip Code 77380-3159	Purpose of Disbursement Refund of General Election Contribution	Transaction ID : VN7PG9TCRS1
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nan Chul Shin		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3170 Noela Dr		Amount of Each Disbursement this Period 2600.00
City Honolulu	State HI	
Zip Code 96815-4515	Purpose of Disbursement Refund of General Election Contribution	Transaction ID : VN7PG9TCSA5
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rebecca J. I. Soon		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 39 Makaweli St		Amount of Each Disbursement this Period 1.00
City Honolulu	State HI	
Zip Code 96825-2148	Purpose of Disbursement Refund of General Election Contribution	Transaction ID : VN7PG9TCZ66
Candidate Name	Category/ Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2701.00
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 28 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Eric P. Tema		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 1288 Ala Moana Blvd Ste 208		Amount of Each Disbursement this Period 400.00 Transaction ID : VN7PG9TCRT9
City Honolulu	State HI Zip Code 96814-4233	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Peter Tomozawa		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3147 Diamond Head Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7PG9TCRV6
City Honolulu	State HI Zip Code 96815-4719	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tay-Ing Yang M.D.		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address Castle Professional Center #206		Amount of Each Disbursement this Period 2400.00 Transaction ID : VN7PG9TCRW4
City Kaneohe	State HI Zip Code 96744	
Purpose of Disbursement Refund of General Election Contribution		Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3800.00
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 29 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Darwin Yip		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 4 Longfellow Pl Apt 2411		Amount of Each Disbursement this Period 250.00
City Boston	State MA Zip Code 02114-2821	
Purpose of Disbursement Refund of General Election Contribution		Transaction ID : VN7PG9TCRX2
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/ Type 010
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" 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:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	77051.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Stanley Chang for Congress** Transaction ID : VN8NRCTPQA4L

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Stanley Chang Primary
 Mailing Address 637 Ulumaika St General
 Other (specify) ▼

City State ZIP Code
 Honolulu HI 96816-5203

Original Amount of Loan 37000.00	Cumulative Payment To Date 40000.00	Balance Outstanding at Close of This Period -3000.00
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TERMS

Date Incurred M 07 / D 17 / Y 2014	Date Due M / D / Y none	Interest Rate none % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶ [] -3000.00
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) **Stanley Chang for Congress** Transaction ID : VN8NRCVJHY9L

LOAN SOURCE Full Name (Last, First, Middle Initial) Stanley Chang	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 637 Ulumaika St	

City	State	ZIP Code
Honolulu	HI	96816-5203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 31 / Y 2014 Y	M M / D D / Y none Y Y	none % (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).....	▶	3000.00
TOTALS This Period (last page in this line only).....	▶	0.00

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