

**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 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. 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 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. 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 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).....	6800.00
TOTAL This Period (last page this line number only).....	