

# 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

Ted Lieu For Congress

ADDRESS (number and street)

16633 Ventura Blvd # 1008

Check if different than previously reported. (ACC)

Encino

CA

91436

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00556506

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

CA

33

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2014

through

M M /

D D /

Y Y Y Y 2014

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

Leiderman, Jane, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Leiderman, Jane, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Ted Lieu For Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	5825.28	16910.28
(b) Total Contribution Refunds (from Line 20(d)) .....	10400.00	15600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-4574.72	1310.28
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	24651.27	66243.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	5141.51	8791.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19509.76	57451.61
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	121864.10	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	51028.08	

**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 05/2016)

Write or Type Committee Name

**Ted Lieu For Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	0.00
(ii) Unitemized.....	325.28	0.00
(iii) TOTAL of contributions from individuals ▶	825.28	2660.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	14250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5825.28	16910.28
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	5141.51	8791.61
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	314.85	614.85
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	11281.64	26316.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 29

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24651.27	66243.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	46000.00	46000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	46000.00	46000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	10400.00	15600.00
(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)).....	10400.00	15600.00
21. OTHER DISBURSEMENTS .....	0.00	45000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	81051.27	172843.22

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	191633.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11281.64
25. SUBTOTAL (add Line 23 and Line 24).....	202915.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81051.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	121864.10

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

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

FOR LINE NUMBER: PAGE 5 OF 29  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Keesal, Samuel A, , ,**  
 Mailing Address 400 Oceangate  
 City Long Beach State CA Zip Code 90802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Samuel A Keesal Occupation Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2014  
**Transaction ID : 11AI-3850**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Wong, Kevin W, , ,**  
 Mailing Address 36-36 Prince St 2nd Fl  
 City Flushing State NY Zip Code 11354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Eagle Service Center Occupation Director of Operation  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 -500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 11AI-3836**  
 Amount of Each Receipt this Period  
 -500.00  
 Memo Item  
 Returned Item - NSF

**C.** Full Name (Last, First, Middle Initial)  
**Smidt, Eric, , ,**  
 Mailing Address 26541 Agoura Dr  
 City Calabasas State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CPLLC Occupation Manager  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 11AI-3869-D**  
 Amount of Each Receipt this Period  
 -2600.00  
 Memo Item  
 Redesignated below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 29
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Smidt, Eric, , ,**

Mailing Address 26541 Agoura Dr

City Calabasas	State CA	Zip Code 91302
-------------------	-------------	-------------------

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

Name of Employer CPLLC	Occupation Manager
---------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

**Transaction ID : 11AI-3870-D**

Amount of Each Receipt this Period  
2600.00

Memo Item

Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Smidt, Susan, , ,**

Mailing Address 26541 Agoura Rd

City Calabasas	State CA	Zip Code 91302
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FEC ID number of contributing federal political committee. **C**

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

**Transaction ID : 11AI-3871-D**

Amount of Each Receipt this Period  
-2600.00

Memo Item

Redesignated below

**C.** Full Name (Last, First, Middle Initial)  
**Smidt, Susan, , ,**

Mailing Address 26541 Agoura Rd

City Calabasas	State CA	Zip Code 91302
-------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

**Transaction ID : 11AI-3872-D**

Amount of Each Receipt this Period  
2600.00

Memo Item

Redesignated

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 29  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dong, Linda M, , ,**  
 Mailing Address 465 Harvard Dr  
 City Arcadia State CA Zip Code 91007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alhambra Hospital Occupation Administrator  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 11AI-3865-D**  
 Amount of Each Receipt this Period  
 -2600.00  
 Memo Item  
 Redesignated below

**B.** Full Name (Last, First, Middle Initial)  
**Dong, Linda M, , ,**  
 Mailing Address 465 Harvard Dr  
 City Arcadia State CA Zip Code 91007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alhambra Hospital Occupation Administrator  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 11AI-3866-D**  
 Amount of Each Receipt this Period  
 2600.00  
 Memo Item  
 Redesignated

**C.** Full Name (Last, First, Middle Initial)  
**Xu, Hanyang, , ,**  
 Mailing Address 321 E Floral Ave  
 City Arcadia State CA Zip Code 91006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kindred Hospital Occupation RN  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 11AI-3877-D**  
 Amount of Each Receipt this Period  
 -2600.00  
 Memo Item  
 Redesignated below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 29	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Xu, Hanyang, , ,**

Mailing Address 321 E Floral Ave

City Arcadia	State CA	Zip Code 91006
-----------------	-------------	-------------------

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

Name of Employer Kindred Hospital	Occupation RN
--------------------------------------	------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

**Transaction ID : 11AI-3878-D**

Amount of Each Receipt this Period  
2600.00

Memo Item

Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Wang, Dinghua, , ,**

Mailing Address 321 E Floral Ave

City Arcadia	State CA	Zip Code 91006
-----------------	-------------	-------------------

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

Name of Employer E-World USA Holding, Inc	Occupation CEO
--	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

**Transaction ID : 11AI-3873-D**

Amount of Each Receipt this Period  
-2600.00

Memo Item

Redesignated below

**C.** Full Name (Last, First, Middle Initial)  
**Wang, Dinghua, , ,**

Mailing Address 321 E Floral Ave

City Arcadia	State CA	Zip Code 91006
-----------------	-------------	-------------------

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

Name of Employer E-World USA Holding, Inc	Occupation CEO
--	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

**Transaction ID : 11AI-3874-D**

Amount of Each Receipt this Period  
2600.00

Memo Item

Redesignated

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# 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 29	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wang, Dongfang, , ,**

Mailing Address 1023 Highlight Dr

City West Covina	State CA	Zip Code 91791
---------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		25		2014

**Transaction ID : 11AI-3875-D**

Amount of Each Receipt this Period  
 ,  ,  -2600.00

Memo Item

Redesignated below

**B.** Full Name (Last, First, Middle Initial)  
**Wang, Dongfang, , ,**

Mailing Address 1023 Highlight Dr

City West Covina	State CA	Zip Code 91791
---------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		25		2014

**Transaction ID : 11AI-3876-D**

Amount of Each Receipt this Period  
 ,  ,  2600.00

Memo Item

Redesignated

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

Mailing Address

City	State	Zip Code
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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  
 ,  ,

Memo Item

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

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

<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 0.00
<input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value=""/> 500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 29  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Greenberg Traurig, P.A**  
Mailing Address 54 State St  
City Albany State NY Zip Code 12207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2014  
**Transaction ID : 11C-3847**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**  
Mailing Address 101 Constitution Ave  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00096156  
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  
12 / 11 / 2014  
**Transaction ID : 11C-3879**  
Amount of Each Receipt this Period  
2000.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Time Warner Cable Federal PAC**  
Mailing Address 901 F St  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2014  
**Transaction ID : 11C-3845**  
Amount of Each Receipt this Period  
2000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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 29
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**L.A. County Registrar-Recorder/County Clerk**

Mailing Address 12400 Imperial Hwy., 2nd Fl.

City Norwalk	State CA	Zip Code 90650
-----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2014

**Transaction ID : 14-3851**

Amount of Each Receipt this Period  
 1541.51

Memo Item  
 Refund of Overpayment

**B.** Full Name (Last, First, Middle Initial)  
**Lieu Victory Fund**

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:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2014

**Transaction ID : 14-6495**

Amount of Each Receipt this Period  
 3600.00

Memo Item  
 Transfer of Credit Card Contributions to Lieu Victory Fund

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5141.51
<b>TOTAL</b> This Period (last page this line number only)..... ▶	5141.51

**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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lachman, Andrew B, , ,**

Mailing Address 4823 Maytime Ln

City: Culver City State: CA Zip Code: 90230

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

Name of Employer: n/a Occupation: Info requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
614.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014

**Transaction ID : 15-2461-O**

Amount of Each Receipt this Period  
 300.00

Memo Item  
Refund for Cr.Card charges

**B.** Full Name (Last, First, Middle Initial)  
**Lachman, Andrew B, , ,**

Mailing Address 4823 Maytime Ln

City: Culver City State: CA Zip Code: 90230

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

Name of Employer: n/a Occupation: Info requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
614.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2014

**Transaction ID : 15-2460-O**

Amount of Each Receipt this Period  
 14.85

Memo Item  
Refund for Cr.Card Charges

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	314.85
<b>TOTAL</b> This Period (last page this line number only).....▶	314.85

**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 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Daniel C. Weitzman Consulting LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014		
Mailing Address 1100 O Street, #200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Fundraising Management Fee		Category/ Type 001	Transaction ID : 17-734		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>B. Garcia, Jeanette, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014		
Mailing Address 3096 Guadalajara Way			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95833	Amount of Each Disbursement this Period 831.60		
Purpose of Disbursement Mileage		Category/ Type 001	Transaction ID : 17-735		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>C. Lachman, Andrew, B, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014		
Mailing Address 1615 B Potomac Greens Dr.			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2043.38		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : 17-712		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3874.98
<b>TOTAL</b> 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 14 OF 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lachman, Andrew, B, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014		
Mailing Address 1615 B Potomac Greens Dr.			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 2043.38		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : 17-714		
Candidate Name		Memo Item <input type="checkbox"/>			
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) <b>B. Lachman, Andrew, B, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014		
Mailing Address 1615 B Potomac Greens Dr.			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 358.41		
Purpose of Disbursement Mileage		Category/ Type 001	Transaction ID : 17-736		
Candidate Name		Memo Item <input type="checkbox"/>			
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) <b>C. Lachman, Andrew, B, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014		
Mailing Address 1615 B Potomac Greens Dr.			FEC Identification Number C		
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1755.90		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : 17-758		
Candidate Name		Memo Item <input type="checkbox"/>			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4157.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lieu Victory Fund</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014		
Mailing Address 6380 Wilshire Blvd., #1612			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90048	Amount of Each Disbursement this Period 3600.00		
Purpose of Disbursement Transfer of Credit Card Contributions		Category/ Type 001	Transaction ID : 17-1397		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>B. Olson,Hagel &amp; Fishburn, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014		
Mailing Address 555 Capitol Mall, #1425			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95814-4602	Amount of Each Disbursement this Period 323.00		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : 17-749		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>C. RCBS Trust Account</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014		
Mailing Address 5429 Madison Ave.			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95841	Amount of Each Disbursement this Period 1561.48		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : 17-716		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5484.48
<b>TOTAL</b> 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 29			
	<input checked="" type="checkbox"/> 17 <input 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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Ramoso, Melissa May S., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014		
Mailing Address 8812 Dalen St.			FEC Identification Number C		
City Downey	State CA	Zip Code 90242	Amount of Each Disbursement this Period 357.91		
Purpose of Disbursement Mileage, Food for Volunteers		Category/ Type 001	Transaction ID : 17-748		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>B. Statecraft, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014		
Mailing Address 8618 Nottingham Place			FEC Identification Number C		
City La Jolla	State CA	Zip Code 9203	Amount of Each Disbursement this Period 125.00		
Purpose of Disbursement License Fee		Category/ Type 001	Transaction ID : 17-757		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>C. Sussman, Marc, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014		
Mailing Address 619a S. Cypress St.			FEC Identification Number C		
City Orange	State CA	Zip Code 92866	Amount of Each Disbursement this Period 1695.34		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : 17-715		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2178.25
<b>TOTAL</b> 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 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sussman, Marc, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014		
Mailing Address 619a S. Cypress St.			FEC Identification Number C		
City Orange	State CA	Zip Code 92866	Amount of Each Disbursement this Period 45.36		
Purpose of Disbursement Food for Volunteers		Category/ Type 001	Transaction ID : 17-746		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>B. Turner, Janet, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014		
Mailing Address 651 Lachman Lane			FEC Identification Number C		
City Pacific Palisades	State CA	Zip Code 90272	Amount of Each Disbursement this Period 3412.00		
Purpose of Disbursement Salary		Category/ Type 001	Transaction ID : 17-756		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>C. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014		
Mailing Address 2965 W. Corporate Lakes Blvd.			FEC Identification Number C		
City Weston	State FL	Zip Code 33331	Amount of Each Disbursement this Period 5306.17		
Purpose of Disbursement Credit Card Payment		Category/ Type 001	Transaction ID : 17-519-W		
Candidate Name		<input type="checkbox"/> Memo Item Expenditure purpose details appear in Credit Card Payees reaching			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8763.53
<b>TOTAL</b> 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 29	
	<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)  
**Ted Lieu For Congress**

**A. Chase Card Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 2500 Westfield Dr.

City Elgin State IL Zip Code 60124

Purpose of Disbursement Credit Card Payment Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 02 / 2014

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.34

Transaction ID : 17-520-W

Memo Item Expenditure purpose details appear in Credit Card Payees reaching

**B. Charles Hotel**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Bennett St.

City Cambridge State MA Zip Code 02138

Purpose of Disbursement Lodging-11/30-12/5/14-Harvard New Member Issues Briefing Category/Type 002

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

FEC Identification Number: C

Amount of Each Disbursement this Period: 782.80

Transaction ID : 17-783-P

Memo Item Credit card payee, see Schedule D American Express

**C. Delta Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30320

Purpose of Disbursement Airfare-11/30-12/5/14-B.Chim-LAX/BOS/LAX-Harvard New Member Issues Briefing Category/Type 002

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2014

FEC Identification Number: C

Amount of Each Disbursement this Period: 151.19

Transaction ID : 17-782-P

Memo Item Credit card payee, see Schedule D American Express

**SUBTOTAL** of Disbursements This Page (optional).....▶ 12.34

**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 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014		
Mailing Address 1030 Delta Blvd.			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30320	Amount of Each Disbursement this Period 151.19		
Purpose of Disbursement Airfare-11/30-12/5/14-T.Lieu-LAX/BOS/LAX-Harvard New Member Issues Briefing		Category/Type 002	Transaction ID : 17-781-P		
Candidate Name		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express			
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) <b>B. Greyhound Lines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014		
Mailing Address 1000 East Santa Ana Blvd., #105			FEC Identification Number C		
City Santa Ana	State CA	Zip Code 92701	Amount of Each Disbursement this Period 541.95		
Purpose of Disbursement Transportation of Supplies to Congressional Ofc.		Category/Type 001	Transaction ID : 17-778-P		
Candidate Name		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express			
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) <b>C. NationBuilder</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014		
Mailing Address 448 S. Hill St., #200			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90013	Amount of Each Disbursement this Period 199.00		
Purpose of Disbursement Internet Service		Category/Type 001	Transaction ID : 17-768-P		
Candidate Name		<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 29	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 1691.20	
Purpose of Disbursement Airfare-11/12/14-B.Chim-LAX/IAD/LAX-Spouse Orientation in DC		Category/ Type 002	Transaction ID : 17-767-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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) <b>B. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 608.10	
Purpose of Disbursement Airfare-1/4/15-T.Lieu-LAX/IAD-Swearing In Ceremony		Category/ Type 002	Transaction ID : 17-777-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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) <b>C. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 1199.00	
Purpose of Disbursement Airfare-1/4/15-T.Lieu-LAX/IAD-Swearing In Ceremony		Category/ Type 002	Transaction ID : 17-776-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014		
Mailing Address P.O. Box 66100			FEC Identification Number C		
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 437.10		
Purpose of Disbursement Airfare-1/14/15-T.Lieu-IAD/LAX-Swearing In Ceremony		Category/ Type 002	Transaction ID : 17-775-P		
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express			
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) <b>B. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014		
Mailing Address P.O. Box 66100			FEC Identification Number C		
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 1245.20		
Purpose of Disbursement Airfare-1/4/15-B.Chim-LAX/IAD/LAX-Swearing In Ceremony		Category/ Type 002	Transaction ID : 17-773-P		
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express			
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) <b>C. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014		
Mailing Address P.O. Box 66100			FEC Identification Number C		
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 1245.20		
Purpose of Disbursement Airfare-1/4/15-B.Lieu-LAX/IAD/LAX-Swearing In Ceremony		Category/ Type 002	Transaction ID : 17-771-P		
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 29	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 1245.20	
Purpose of Disbursement Airfare-1/4/15-A.Lieu-LAX/IAD/LAX-Swearing In Ceremony		Category/ Type 002	Transaction ID : 17-772-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014	
Mailing Address P.O. Box 660108			FEC Identification Number C	
City Dallas	State TX	Zip Code 75266-0108	Amount of Each Disbursement this Period 142.37	
Purpose of Disbursement Telephone		Category/ Type 001	Transaction ID : 17-779-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24471.27

**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 29	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lieu, Ted, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014	
Mailing Address 6380 Wilshire Blvd # 1612			FEC Identification Number <b>C</b> H4CA33119	
City Los Angeles	State CA	Zip Code 90048	Amount of Each Disbursement this Period 11000.00	
Purpose of Disbursement Loan Payment (Principal)		Category/ Type	Transaction ID : 19a-744	
Candidate Name <b>Lieu, Ted, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: CA District: 33				

Full Name (Last, First, Middle Initial) <b>B. Lieu, Ted, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014	
Mailing Address 6380 Wilshire Blvd # 1612			FEC Identification Number <b>C</b> H4CA33119	
City Los Angeles	State CA	Zip Code 90048	Amount of Each Disbursement this Period 25000.00	
Purpose of Disbursement Loan Payment (Principal)		Category/ Type	Transaction ID : 19a-754	
Candidate Name <b>Lieu, Ted, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: CA District: 33				

Full Name (Last, First, Middle Initial) <b>C. Lieu, Ted, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014	
Mailing Address 6380 Wilshire Blvd # 1612			FEC Identification Number <b>C</b> H4CA33119	
City Los Angeles	State CA	Zip Code 90048	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement Loan Payment (Principal)		Category/ Type	Transaction ID : 19a-752	
Candidate Name <b>Lieu, Ted, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: CA District: 33				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	46000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46000.00

**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 24 OF 29			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lee, Brian C, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014		
Mailing Address 4390 Pere grine Way					
City Fremont	State CA	Zip Code 94555	FEC Identification Number C		
Purpose of Disbursement Return of 03/29/2014 Contribution		010	Amount of Each Disbursement this Period 2600.00		
Candidate Name		Category/ Type	Transaction ID : 20A-740		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Lee, Brian C, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014		
Mailing Address 4390 Pere grine Way					
City Fremont	State CA	Zip Code 94555	FEC Identification Number C		
Purpose of Disbursement Return of 03/29/2014 Contribution		010	Amount of Each Disbursement this Period 2600.00		
Candidate Name		Category/ Type	Transaction ID : 20A-741		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Lee, Kevin C, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014		
Mailing Address 1733 Terracina Cir					
City Roseville	State CA	Zip Code 95747	FEC Identification Number C		
Purpose of Disbursement Return of 03/29/2014 Contribution		010	Amount of Each Disbursement this Period 2600.00		
Candidate Name		Category/ Type	Transaction ID : 20A-742		
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7800.00
<b>TOTAL</b> 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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lee, Kevin C, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014		
Mailing Address 1733 Terracina Cir			FEC Identification Number <b>C</b>		
City Roseville	State CA	Zip Code 95747	Amount of Each Disbursement this Period 2600.00		
Purpose of Disbursement Return of 03/29/2014 Contribution		Category/ Type 010	Transaction ID : 20A-739		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
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) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number <b>C</b>		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10400.00

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

NAME OF COMMITTEE (In Full) Transaction ID : C10-1-LR  
 Ted Lieu For Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Lieu, Ted, , ,			Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6380 Wilshire Blvd # 1612			
City Los Angeles	State CA	ZIP Code 90048	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 55000.00	Cumulative Payment To Date 55000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

<b>TERMS</b> Date Incurred M 03 / D 31 / Y 2014	Date Due M 03 / D 31 / Y 2015	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **Ted Lieu For Congress** Transaction ID : **C10-2-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Lieu, Ted, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6380 Wilshire Blvd # 1612			
City Los Angeles	State CA	ZIP Code 90048	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 21000.00	Cumulative Payment To Date 21000.00	Balance Outstanding at Close of This Period 0.00
-------------------------------------	--	---

<b>TERMS</b>	Date Incurred M 10 / D 24 / Y 2014	Date Due M 10 / D 24 / Y 2015	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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:	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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.

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

NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Buchert Development LLC</b>		Nature of Debt (Purpose): Fundraising Management Fee	
Mailing Address 2911 Charlemagne Ave.			
City Long Beach	State CA	Zip Code 90815	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D10-352-V	
Amount Incurred This Period 39000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 39000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Turner, Janet, , ,</b>		Nature of Debt (Purpose): Supplies,Parking,Postage	
Mailing Address 651 Lachman Lane			
City Pacific Palisades	State CA	Zip Code 90272	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D10-2911-V	
Amount Incurred This Period 101.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 101.52

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records	
Mailing Address 2965 W. Corporate Lakes Blvd.			
City Weston	State FL	Zip Code 33331	

Outstanding Balance Beginning This Period 5306.17	Transaction ID : D10-697-W	
Amount Incurred This Period 11206.04	Payment This Period 5306.17	Outstanding Balance at Close of This Period 11206.04

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	50307.56
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	

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

NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chase Card Services</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address 2500 Westfield Dr.			
City Elgin	State IL	Zip Code 60124	

Outstanding Balance Beginning This Period 49.00		<b>Transaction ID : D10-548-W</b>	
Amount Incurred This Period 683.86	Payment This Period 12.34	Outstanding Balance at Close of This Period 720.52	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	720.52
2) <b>TOTALS</b> This Period (last page this line number only) .....	51028.08
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	51028.08