

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

ADDRESS (number and street) 249 E. Ocean Blvd. Suite 685

Check if different than previously reported. (ACC) Long Beach CA 90802

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00380568

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

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)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer David L. Gould

Signature of Treasurer David L. Gould [Electronically Filed] Date 07 / 20 / 2015

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

Table with 7 empty cells for Office Use Only.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="7916.95"/>	<input type="text" value="7916.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7916.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11.00"/>	<input type="text" value="11.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7927.95"/>	<input type="text" value="7927.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2383.17"/>	<input type="text" value="2383.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5544.78"/>	<input type="text" value="5544.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1204.54"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Write or Type Committee Name

PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	11.00	11.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11.00	11.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11.00	11.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11.00	11.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11.00	11.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2383.17	2383.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2383.17	2383.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2383.17	2383.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2383.17	2383.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11.00	11.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11.00	11.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2383.17	2383.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2383.17	2383.17

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

Full Name (Last, First, Middle Initial)

A. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4618

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. California Bank & Trust

Mailing Address 550 S. Hope St.

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Credit Card Payment

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4633

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4625

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

Full Name (Last, First, Middle Initial)

A. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4626

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4627

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4628

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

Full Name (Last, First, Middle Initial)

A. California Bank & Trust

Mailing Address 550 S. Hope St.

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Credit Card Payment

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2015

Transaction ID : EXPB4629

Amount of Each Disbursement this Period

190.00

Full Name (Last, First, Middle Initial)

B. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2015

Transaction ID : EXPB4630

Amount of Each Disbursement this Period

80.90

Full Name (Last, First, Middle Initial)

C. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2015

Transaction ID : EXPB4631

Amount of Each Disbursement this Period

125.00

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

395.90

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

Full Name (Last, First, Middle Initial)

A. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : EXPB4632

Amount of Each Disbursement this Period

76.35

Full Name (Last, First, Middle Initial)

B. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : EXPB4634

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

C. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : EXPB4637

Amount of Each Disbursement this Period

76.35

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

277.70

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

Full Name (Last, First, Middle Initial)

A. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
PAC Management/Political Reporting Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4638

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DAVID L. GOULD COMPANY

Mailing Address 249 E. Ocean Blvd., Ste.685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Office Expenses

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4639

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Bankcard Center

Mailing Address P.O. Box 30833

City Salt Lake City State UT Zip Code 84130

Purpose of Disbursement
Credit Card Payment

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : EXPB4640

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

Full Name (Last, First, Middle Initial)

A. Bankcard Center

Mailing Address P.O. Box 30833

City State Zip Code
Salt Lake City UT 84130

Purpose of Disbursement
Credit Card Payment

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB4642

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Los Angeles County Democratic Party

Mailing Address 3550 Wilshire Blvd., #1203

City State Zip Code
Los Angeles CA 90010

Purpose of Disbursement
Charter Renewal

Category/
Type

Candidate Name

Los Angeles County Democratic

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EXPB4643

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LONNEE HAMILTON	Nature of Debt (Purpose): Google Ads
Mailing Address 890 SECO ST	
City State Zip Code PASADENA CA 91103	

Outstanding Balance Beginning This Period 423.79	Transaction ID : PAYD4196	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 423.79

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Judith Johnson	Nature of Debt (Purpose): Food, Drinks,
Mailing Address 730 Arden Dr.	
City State Zip Code Pasadena CA 91106	

Outstanding Balance Beginning This Period 309.76	Transaction ID : PAYD2834	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 309.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Judith Johnson	Nature of Debt (Purpose): Thank you Flowers
Mailing Address 730 Arden Dr.	
City State Zip Code Pasadena CA 91106	

Outstanding Balance Beginning This Period 74.96	Transaction ID : PAYD4194	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 74.96

1) SUBTOTALS This Period This Page (optional)..... ▶	808.51
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
PASADENA AREA UNITED DEMOCRATIC HEADQUARTERS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wendy Soltes	Nature of Debt (Purpose): Floral Arrangements,Materials
Mailing Address 3461 Deerlande Dr.	
City Duarte State CA Zip Code 91010	

Outstanding Balance Beginning This Period 246.03	Transaction ID : PAYD2831	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 246.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wendy Soltes	Nature of Debt (Purpose): Floral Arrangements
Mailing Address 3461 Deerlande Dr.	
City Duarte State CA Zip Code 91010	

Outstanding Balance Beginning This Period 150.00	Transaction ID : PAYD2832	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

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

1) SUBTOTALS This Period This Page (optional)..... ▶	396.03
2) TOTALS This Period (last page this line number only)..... ▶	1204.54
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1204.54