

# 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

Vargas for Congress

ADDRESS (number and street)

330 Encinitas Boulevard

Suite 101

Check if different than previously reported. (ACC)

Encinitas

CA

92024-8705

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00497321

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

51

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 /

04

D D /

01

Y Y Y Y

2013

through

M M /

06

D D /

30

Y Y Y Y

2013

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 Nancy Haley

Signature of Treasurer Nancy Haley

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y

2013

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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Vargas 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))....	100600	214524.6
(b) Total Contribution Refunds (from Line 20(d)) .....	2500	2500
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98100	212024.6
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	35559	206239.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	127.1	206.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	35431.9	206032.95
8. Cash on Hand at Close of Reporting Period (from Line 27).....	69130.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	47913.75	

**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

**Vargas for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24950	42750
(ii) Unitemized.....	400	420
(iii) TOTAL of contributions from individuals ▶	25350	43170
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	75250	171354.6
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	100600	214524.6
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	127.1	206.96
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	2618.26	2736.72
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	103345.36	217468.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	35559	206239.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	19485	19485
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	9000
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	9000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	2500	2500
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500	2500
21. OTHER DISBURSEMENTS .....	16000	30610
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	73544	267834.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39329.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103345.36
25. SUBTOTAL (add Line 23 and Line 24).....	142674.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73544
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	69130.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 43
	<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)  
**Vargas for Congress**

**A. Barona Band of Mission Indians**

Full Name (Last, First, Middle Initial)  
Mailing Address 1095 Barona Road

City Lakeside State CA Zip Code 92040-1516

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2013**

**Transaction ID : A-C2008**

Amount of Each Receipt this Period  
**1100**

Contribution from Indian Tribe

**B. San Manuel Band of Mission Indians**

Full Name (Last, First, Middle Initial)  
Mailing Address 3699 Wilshire Boulevard Suite 1290

City Los Angeles State CA Zip Code 90010-2732

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2013**

**Transaction ID : A-C1946**

Amount of Each Receipt this Period  
**2600**

Contribution from Indian Tribe

**C. San Manuel Band of Mission Indians**

Full Name (Last, First, Middle Initial)  
Mailing Address 3699 Wilshire Boulevard Suite 1290

City Los Angeles State CA Zip Code 90010-2732

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 22 / 2013**

**Transaction ID : A-C1947**

Amount of Each Receipt this Period  
**2600**

Contribution from Indian Tribe

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

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

**6300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rafael Castellanos**

Mailing Address 321 10th Avenue  
Unit 601

City San Diego State CA Zip Code 92101-7471

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

Name of Employer Solomon Minton Cardinal Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2013

**Transaction ID : A-C1927**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Jerome Falic**

Mailing Address 6100 Hollywood Boulevard

City Hollywood State FL Zip Code 33024-7900

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

Name of Employer Duty Free Americas Occupation Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : A-C2015**

Amount of Each Receipt this Period  
**2600**

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

Mailing Address 6100 Hollywood Boulevard  
Floor 7

City Hollywood State FL Zip Code 33024-7983

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

Name of Employer Duty Free Americas Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : A-C2013**

Amount of Each Receipt this Period  
**2600**

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

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

**5450.00**

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Simon Falic**

Mailing Address 209 Bal Bay Drive

City State Zip Code  
Bal Harbour FL 33154-1368

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

Name of Employer Occupation  
Duty Free Americas Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2013

**Transaction ID : A-C2014**

Amount of Each Receipt this Period  
2600

**B.** Full Name (Last, First, Middle Initial)  
**Aaron Feldman**

Mailing Address 4445 Eastgate Mall  
Suite 400

City State Zip Code  
San Diego CA 92121-1979

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

Name of Employer Occupation  
Sunroad Enterprises President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2013

**Transaction ID : A-C2010**

Amount of Each Receipt this Period  
2100

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

Mailing Address 4445 Eastgate Mall  
Suite 400

City State Zip Code  
San Diego CA 92121-1979

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

Name of Employer Occupation  
Sunroad Enterprises President/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2013

**Transaction ID : A-C2011**

Amount of Each Receipt this Period  
400

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

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

5100.00

**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 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James Plante**

Mailing Address 2600 W Harmon Avenue

City Las Vegas State NV Zip Code 89158-4538

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

Name of Employer Pathway Genomics Occupation Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2013**

**Transaction ID : A-C2035**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Richman**

Mailing Address 4807 Vita Road

City La Mesa State CA Zip Code 91941-5761

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 **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2013**

**Transaction ID : A-C1926**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 700 13th Street NW Suite 950

City Washington State DC Zip Code 20005-3971

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

Name of Employer The Travelers Companies, Inc Occupation Vice President Fed. Gov't Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2013**

**Transaction ID : A-C1991**

Amount of Each Receipt this Period  
**250**

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alan Viterbi**

Mailing Address 4650 Rancho Del Mar Trail

City San Diego State CA Zip Code 92130-5208

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

Name of Employer Liquid Enviromentla Solutions Occupation Businessman/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2013**

**Transaction ID : A-C1981**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Alan Viterbi**

Mailing Address 4650 Rancho Del Mar Trail

City San Diego State CA Zip Code 92130-5208

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

Name of Employer Liquid Enviromentla Solutions Occupation Businessman/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2013**

**Transaction ID : A-C1982**

Amount of Each Receipt this Period  
**2400**

**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

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

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

**5000.00**

**24950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AFLAC Incorporated PAC**

Mailing Address 1932 Wynnton Road

City Columbus State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2049**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Allstate Insurance Company PAC**

Mailing Address 2775 Sanders Road Suite A2W

City Northbrook State IL Zip Code 60062-6110

FEC ID number of contributing federal political committee. **C C00040253**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A-C2004**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**America's Health Insurance Plans PAC (AHIP PAC)**

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00106740**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A-C2002**

Amount of Each Receipt this Period  
**1000**

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

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

**3500.00**

**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 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC (BANKPAC)**

Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036-3905

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : A-C1965**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC (BANKPAC)**

Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036-3905

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2061**

Amount of Each Receipt this Period  
 1500

**C.** Full Name (Last, First, Middle Initial)  
**American Federation of State, County and Municipal Employees-AFL-CIO**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036-5665

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 11 / 2013

**Transaction ID : A-C1936**

Amount of Each Receipt this Period  
 1000

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

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

3500.00

**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 12 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Heath Care Association Political Action Committee**

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2050**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Bae Systems USA PAC**

Mailing Address 1101 Wilson Boulevard

City Arlington State VA Zip Code 22209-2211

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2055**

Amount of Each Receipt this Period  
 1500

**C.** Full Name (Last, First, Middle Initial)  
**Border Health Federal PAC**

Mailing Address 612 W Nolana Avenue Suite 340

City McAllen State TX Zip Code 78504-3088

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : A-C1932**

Amount of Each Receipt this Period  
 5000

Multi-Candidate Committee

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

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

7500.00

**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 13 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Border Health Federal PAC**

Mailing Address 612 W Nolana Avenue  
Suite 340

City McAllen State TX Zip Code 78504-3088

FEC ID number of contributing federal political committee. **C** C00415752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2013

**Transaction ID : A-C1949**

Amount of Each Receipt this Period  
5000

Multi-Candidate Committee

**B.** Full Name (Last, First, Middle Initial)  
**California Medical Association Political Action Committee**

Mailing Address 1201 J Street  
Suite 200

City Sacramento State CA Zip Code 95814-2949

FEC ID number of contributing federal political committee. **C** C00003194

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2013

**Transaction ID : A-C1984**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**Carpenters' Legislative Improvement Committee**

Mailing Address 101 Constitution Avenue NW  
Floor 10

City Washington State DC Zip Code 20001-2153

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : A-C1963**

Amount of Each Receipt this Period  
5000

Multi-Candidate Committee

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

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

10250.00

**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 14 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cox Enterprises PAC (COXPAC) Inc.**

Mailing Address 975 F Street NW  
Suite 300

City Washington State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2051**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**CULAC the PAC of Credit Union National Association**

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 24 / 2013

**Transaction ID : A-C2016**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**CULAC the PAC of Credit Union National Association**

Mailing Address 601 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2056**

Amount of Each Receipt this Period  
1000

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

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

3000.00

**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 15 OF 43
<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Electrical Contractors PAC**

Mailing Address **3 Bethesda Metro Center**

City **Bethesda** State **MD** Zip Code **20814-5330**

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : A-C2052**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Engineers PAC (EPEC)**

Mailing Address **1125 Seventeenth Street, NW**

City **Washington** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 24 / 2013**

**Transaction ID : A-C2018**

Amount of Each Receipt this Period  
**2500**

Multi-Candidate Committee

**C.** Full Name (Last, First, Middle Initial)  
**H.J. Heinz Company Political Action Committee**

Mailing Address **1 Ppg Place Suite 3100**

City **Pittsburgh** State **PA** Zip Code **15222-5447**

FEC ID number of contributing federal political committee. **C C00336040**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : A-C2057**

Amount of Each Receipt this Period  
**1000**

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

**TOTAL** 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 16 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Hartford Financial Services Group Inc. Federal PAC aka Hartford Advocates Federal Fund

Mailing Address 1 Hartford Plaza

City Hartford State CT Zip Code 06155-0001

FEC ID number of contributing federal political committee. **C** C00511444

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : A-C1990**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
Health Net, Inc. PAC

Mailing Address 455 Capitol Mall Suite 600

City Sacramento State CA Zip Code 95814-4439

FEC ID number of contributing federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A-C2000**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 975 F Street NW Suite 550

City Washington State DC Zip Code 20004-1458

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : A-C1988**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Humana Inc. PAC**

Mailing Address 975 F Street NW  
Suite 550

City Washington State DC Zip Code 20004-1458

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A-C1994**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**Independent Insurance Agents & Broker of America, Inc. PAC**

Mailing Address 412 1st Street SE  
Suite 300

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : A-C1987**

Amount of Each Receipt this Period  
2000

**C.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers**

Mailing Address 900 7th Street NW

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : A-C1961**

Amount of Each Receipt this Period  
5000

Multi-Candidate Committee

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers**

Mailing Address 900 7th Street NW

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2013

**Transaction ID : A-C1962**

Amount of Each Receipt this Period  
 5000

Multi-Candidate Committee

**B.** Full Name (Last, First, Middle Initial)  
**JPMorgan Chase & Co. Federal Political Action Committee**

Mailing Address 10 S Dearborn Street

City Chicago State IL Zip Code 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2043**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Liberty Mutual Insurance Company PAC**

Mailing Address 175 Berkeley Street

City Boston State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C** C00171843

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : A-C1966**

Amount of Each Receipt this Period  
 1500

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

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

7500.00

**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 19 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Molina Healthcare, Inc. PAC**

Mailing Address 200 Oceangate  
Suite 100

City Long Beach State CA Zip Code 90802-4317

FEC ID number of contributing federal political committee. **C** C00430256

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : A-C2036**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Association PAC**

Mailing Address 1325 Massachusetts Avenue NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 10 / 2013

**Transaction ID : A-C1934**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**National Association of Mutual Insurance Companies PAC**

Mailing Address 3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-1154

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2048**

Amount of Each Receipt this Period  
 1000

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

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

3000.00

**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 20 OF 43
	<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)  
**Vargas for Congress**

**A. National Association of Realtors Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2013

**Transaction ID : A-C2009**

Amount of Each Receipt this Period  
 1000

**B. National Multi Housing Council PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1850 M Street NW Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2054**

Amount of Each Receipt this Period  
 3000

Multi-Candidate Committee

**C. National Restaurant Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2055 L Street NW

City Washington State DC Zip Code 20036-4957

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2053**

Amount of Each Receipt this Period  
 1000

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

**TOTAL** 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 21 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pacific Life Insurance Company PAC**

Mailing Address 700 Newport Center Drive

City Newport Beach State CA Zip Code 92660-6307

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A-C2001**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**Prudential Financial Inc.Political Action Committee**

Mailing Address 751 Broad Street

City Newark State NJ Zip Code 07102-3714

FEC ID number of contributing federal political committee. **C C00127779**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2013

**Transaction ID : A-C1974**

Amount of Each Receipt this Period  
1500

**C.** Full Name (Last, First, Middle Initial)  
**The Chubb Corporation Political Action Committee - CHUBBPAC**

Mailing Address 15 Mountainview Road

City Warren State NJ Zip Code 07059-6711

FEC ID number of contributing federal political committee. **C C00229203**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : A-C1989**

Amount of Each Receipt this Period  
1000

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

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

4000.00

**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 22 OF 43		
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Goldman Sachs Group, Inc. Political Action Committee**

Mailing Address 101 Constitution Avenue NW  
Suite 1000E

City Washington State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : A-C2040**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**UA Political Education Committee**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401-3687

FEC ID number of contributing federal political committee. **C C00012476**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : A-C2060**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**UnitedHealth Group Inc. PAC (United for Health)**

Mailing Address 701 Pennsylvania Avenue NW  
# 200

City Washington State DC Zip Code 20004-2608

FEC ID number of contributing federal political committee. **C C00274431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2013

**Transaction ID : A-C2017**

Amount of Each Receipt this Period  
2500

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

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

6000.00

**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 23 OF 43
	<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)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Univision Communications Inc. PAC**

Mailing Address 3699 Wilshire Boulevard  
Suite 1290

City Los Angeles State CA Zip Code 90010-2732

FEC ID number of contributing federal political committee. **C** C00435735

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013

**Transaction ID : A-C2047**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Wellpoint, Inc. WellPAC**

Mailing Address 120 Monument Circle

City Indianapolis State IN Zip Code 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2013

**Transaction ID : A-C2003**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers of America PAC**

Mailing Address 805 15th Street NW  
Suite 430

City Washington State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013

**Transaction ID : A-C2037**

Amount of Each Receipt this Period  
 2000

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

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

5500.00

75250.00

**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 24 OF 43
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**State Compensation Insurance Fund**

Mailing Address 655 N Central Avenue  
Suite 200

City Glendale State CA Zip Code 91203-1424

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2338.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : A-M1992**

Amount of Each Receipt this Period  
491.44

Refund of Premium

**B.** Full Name (Last, First, Middle Initial)  
**State Compensation Insurance Fund**

Mailing Address 655 N Central Avenue  
Suite 200

City Glendale State CA Zip Code 91203-1424

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2338.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2013

**Transaction ID : A-M2006**

Amount of Each Receipt this Period  
1756.38

Refund of Premium

**C.** Full Name (Last, First, Middle Initial)  
**State Compensation Insurance Fund**

Mailing Address 655 N Central Avenue  
Suite 200

City Glendale State CA Zip Code 91203-1424

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2338.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 10 / 2013

**Transaction ID : A-M2007**

Amount of Each Receipt this Period  
90.56

Refund of Premium

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

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

2338.38

2338.38

**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 43			
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Accurate Word, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2013
Mailing Address 4481 White Plains Lane		Amount of Each Disbursement this Period 149.7 <b>Transaction ID : B-E-1930</b>
City White Plains	State MD	
Zip Code 20695-3018	Purpose of Disbursement Business Cards	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>B. Accurate Word, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 4481 White Plains Lane		Amount of Each Disbursement this Period 149.7 <b>Transaction ID : B-E-1955</b>
City White Plains	State MD	
Zip Code 20695-3018	Purpose of Disbursement Business Cards	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>c. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 19.76 <b>Transaction ID : B-E-1935</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Merchant Fee	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	319.16
<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 26 OF 43		
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 11.85 <b>Transaction ID : B-E-1970</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Merchant Fee	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>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 197.5 <b>Transaction ID : B-E-1983</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Merchant Fee	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>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 14 Arrow Street		Amount of Each Disbursement this Period 102.7 <b>Transaction ID : B-E-2069</b>
City Cambridge	State MA	
Zip Code 02138-5106	Purpose of Disbursement Merchant Fee	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	312.05
<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 27 OF 43			
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Apple Store</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2013
Mailing Address 7007 Friars Road		Amount of Each Disbursement this Period 1148.64
City San Diego	State CA	
Zip Code 92108-1148	Purpose of Disbursement Administrative/Salary/Overhead: I pads	<b>Transaction ID : B-E-1998</b>
Candidate Name	Category/Type 001	
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>B. Bistro Bis</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address 15 E Street NW		Amount of Each Disbursement this Period 931.6
City Washington	State DC	
Zip Code 20001-1706	Purpose of Disbursement Fundraising: Food & Bev.	<b>Transaction ID : B-E-1979</b>
Candidate Name	Category/Type 003	
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>C. California Land Title Association</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2013
Mailing Address 1215 K Street Suite 1816		Amount of Each Disbursement this Period 1334.78
City Sacramento	State CA	
Zip Code 95814-3947	Purpose of Disbursement Annual Convention Registration	<b>Transaction ID : B-E-1985</b>
Candidate Name	Category/Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3415.02
<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 29 OF 43			
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fiorello Consulting</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2013
Mailing Address 3914 Barcroft Mews Court		Amount of Each Disbursement this Period 6000 <b>Transaction ID : B-E-2042</b>
City Falls Church	State VA Zip Code 22041-1218	
Purpose of Disbursement Campaign Management Services	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>B. Flemings Prime Steakhouse</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2013
Mailing Address 380 K Street		Amount of Each Disbursement this Period 340.66 <b>Transaction ID : B-E-1964</b>
City San Diego	State CA Zip Code 92101-6959	
Purpose of Disbursement Fundraising: Food/Bev. for Meeting	Category/Type 003	
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>c. Guajillo Mexican Grill</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2013
Mailing Address 1727 Wilson Boulevard		Amount of Each Disbursement this Period 416.64 <b>Transaction ID : B-E-2031</b>
City Arlington	State VA Zip Code 22209-2503	
Purpose of Disbursement Food/Bev. for Meeting	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6757.30
<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 30 OF 43			
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hawk 'N' Dove</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2013
Mailing Address 329 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 244.6 <b>Transaction ID : B-E-1996</b>
City Washington State DC Zip Code 20003-1148	Purpose of Disbursement Food/Bev. for Meeting 001 Category/Type	
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>B. KM Strategies</b>		Date of Disbursement MM / DD / YYYY 04 / 22 / 2013
Mailing Address 1927 Adams Avenue		Amount of Each Disbursement this Period 3000 <b>Transaction ID : B-E-1945</b>
City San Diego State CA Zip Code 92116-1211	Purpose of Disbursement Fundraising: Fundraising Commission 003 Category/Type	
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>C. KM Strategies</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2013
Mailing Address 1927 Adams Avenue		Amount of Each Disbursement this Period 6000 <b>Transaction ID : B-E-2005</b>
City San Diego State CA Zip Code 92116-1211	Purpose of Disbursement Fundraising: Fundraising Commission 003 Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9244.60
<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 31 OF 43			
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. KM Strategies</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2013
Mailing Address 1927 Adams Avenue		Amount of Each Disbursement this Period 46 <b>Transaction ID : B-E-2012</b>
City San Diego State CA Zip Code 92116-1211	Purpose of Disbursement Administrative/Salary/Overhead: Postage 001 Category/Type	
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>B. Scott &amp; Cronin, LLP</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2013
Mailing Address 330 Encinitas Boulevard Suite 101		Amount of Each Disbursement this Period 1223.75 <b>Transaction ID : B-E-1929</b>
City Encinitas State CA Zip Code 92024-8705	Purpose of Disbursement Accounting & Admin. Expense 001 Category/Type	
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>c. Scott &amp; Cronin, LLP</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2013
Mailing Address 330 Encinitas Boulevard Suite 101		Amount of Each Disbursement this Period 2400 <b>Transaction ID : B-E-2038</b>
City Encinitas State CA Zip Code 92024-8705	Purpose of Disbursement Accounting & Admin. Expenses 001 Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3669.75
<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 32 OF 43	
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Capital Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 584.4 <b>Transaction ID : B-E-1956</b>
City Washington State DC Zip Code 20004-2601	Purpose of Disbursement Food/Bev. for Meeting Candidate Name Category/Type 001	
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>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 77 W Wacker Drive		Amount of Each Disbursement this Period 47 <b>Transaction ID : B-E-1957</b>
City Chicago State IL Zip Code 60601-1604	Purpose of Disbursement Travel: Airfare Candidate Name Category/Type 002	
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>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2013
Mailing Address 77 W Wacker Drive		Amount of Each Disbursement this Period 16 <b>Transaction ID : B-E-1958</b>
City Chicago State IL Zip Code 60601-1604	Purpose of Disbursement Travel: Airfare Candidate Name Category/Type 002	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	647.40
<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 33 OF 43	
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2013</b>
Mailing Address <b>77 W Wacker Drive</b>		Amount of Each Disbursement this Period <b>47</b> <b>Transaction ID : B-E-1959</b>
City <b>Chicago</b> State <b>IL</b> Zip Code <b>60601-1604</b>	Purpose of Disbursement Travel: Airfare Candidate Name Category/Type <b>002</b>	
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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 16 / 2013</b>
Mailing Address <b>777 Big Timber Road</b>		Amount of Each Disbursement this Period <b>335.47</b> <b>Transaction ID : B-E-1942</b>
City <b>Elgin</b> State <b>IL</b> Zip Code <b>60123-1488</b>	Purpose of Disbursement Telephone Candidate Name Category/Type <b>001</b>	
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>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2013</b>
Mailing Address <b>777 Big Timber Road</b>		Amount of Each Disbursement this Period <b>272.11</b> <b>Transaction ID : B-E-1978</b>
City <b>Elgin</b> State <b>IL</b> Zip Code <b>60123-1488</b>	Purpose of Disbursement Telephone Candidate Name Category/Type <b>001</b>	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>654.58</b>
<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 34 OF 43		
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2013
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 178.17
City Elgin State IL Zip Code 60123-1488	Purpose of Disbursement Telephone 001	
Candidate Name		<b>Transaction ID : B-E-1999</b>
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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2013
Mailing Address 777 Big Timber Road		Amount of Each Disbursement this Period 269.54
City Elgin State IL Zip Code 60123-1488	Purpose of Disbursement Telephone 001	
Candidate Name		<b>Transaction ID : B-E-2030</b>
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>C.</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 Telephone	
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).....	447.71
<b>TOTAL</b> This Period (last page this line number only).....	34872.57

**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 35 OF 43
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Juan Vargas for Senate 2010</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2013
Mailing Address 330 Encinitas Boulevard Suite 101		Amount of Each Disbursement this Period 10000 <b>Transaction ID : B-E-1943</b>
City Encinitas State CA Zip Code 92024-8705	Purpose of Disbursement Transfer to State Comm.	
Candidate Name <b>Juan Vargas</b>	Category/Type	(For State/Local Candidate Support)
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>B. Juan Vargas for Senate 2010</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 330 Encinitas Boulevard Suite 101		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-1993</b>
City Encinitas State CA Zip Code 92024-8705	Purpose of Disbursement Transfer to State Comm.	
Candidate Name <b>Juan Vargas</b>	Category/Type	(For State/Local Candidate Support)
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>c. Juan Vargas for Senate 2014</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 4485 <b>Transaction ID : B-E-1948</b>
City Sacramento State CA Zip Code 95841-3111	Purpose of Disbursement Transfer to State Comm.	
Candidate Name <b>Juan Vargas</b>	Category/Type	(For State/Local Candidate Support)
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19485.00
<b>TOTAL</b> This Period (last page this line number only).....	19485.00

**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 36 OF 43			
	<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)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Prem Reddy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 25 / 2013</b>
Mailing Address 16850 Bear Valley Road		Amount of Each Disbursement this Period <b>2500</b>
City Victorville State CA Zip Code 92395-5794	Purpose of Disbursement Refund of Contribution Category/Type <b>010</b>	
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)	<b>Transaction ID : B-E-2023</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2500.00</b>

**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 37 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Border Angels</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 138 W 1st Street		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-1968</b>
City Port Angeles	State WA	
Zip Code 98362-2600	Purpose of Disbursement Donation - Non Profit Organ.	Category/ Type 012
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>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 430 S Capitol Street SE Floor 2		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-2024</b>
City Washington	State DC	
Zip Code 20003-4024	Purpose of Disbursement Unlimited Transfer	Category/ Type 011
Candidate Name <b>Democratic Congressional Campaign Committee</b>	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>c. Eduardo Garcia for Assembly 2014</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2013
Mailing Address 1787 Tribute Road Suite K		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-1969</b>  (For State/Local Candidate Support)
City Sacramento	State CA	
Zip Code 95815-4404	Purpose of Disbursement Contribution: Non-Fed. Comm.	Category/ Type 011
Candidate Name <b>Eduardo Garcia</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9000.00
<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 38 OF 43
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friends Of Michelle</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2013
Mailing Address 505 Marquette Avenue NW Suite 1605		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2022</b>
City Albuquerque	State NM	
Zip Code 87102-2163	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name <b>Michelle Lujan Grisham</b>	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: NM	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Joe Garcia for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2013
Mailing Address 1924 Ferdinand Street		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2025</b>
City Coral Gables	State FL	
Zip Code 33134-2153	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name <b>Joe Garcia</b>	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: FL	District: 26	

Full Name (Last, First, Middle Initial) <b>c. Julia Brownley For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2013
Mailing Address 728 W Edna Place		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2019</b>
City Covina	State CA	
Zip Code 91722-3222	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name <b>Julia Brownley</b>	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: CA	District: 26	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 39 OF 43
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Krysten Sinema for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2013
Mailing Address 2944 N 44th Street Suite 150		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2021</b>
City Phoenix State AZ Zip Code 85018-7280	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name <b>Krysten Sinema</b>	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: AZ District: 09		

Full Name (Last, First, Middle Initial) <b>B. Kuster for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2013
Mailing Address 18 N Main Street Floor 4		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2039</b>
City Concord State NH Zip Code 03301-4926	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name <b>Ann McLane Kuster</b>	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: NH District: 02		

Full Name (Last, First, Middle Initial) <b>c. San Diego County Democratic Party</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2013
Mailing Address 8340 Clairemont Mesa Boulevard Suite 105		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-1950</b>
City San Diego State CA Zip Code 92111-1320	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name <b>San Diego County Democratic Party</b>	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 40 OF 43	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schneider for Congress</b>		Date of Disbursement MM / DD / YYYY <b>06 / 24 / 2013</b>
Mailing Address 3701 Porter Street NW		Amount of Each Disbursement this Period \$ 1000 <b>Transaction ID : B-E-2020</b>
City Washington State DC Zip Code 20016-3103	Purpose of Disbursement Political Contribution Category/Type <b>011</b>	
Candidate Name <b>Bradley Scott Schneider</b>	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: IL District: 10		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 16000.00

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

NAME OF COMMITTEE (In Full) **Vargas for Congress** Transaction ID : **SC/10-L1**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Juan C. Vargas</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address 1171 24th Street		

City	State	ZIP Code
San Diego	CA	92102-2008

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000	14000	46000

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 06 / D 30 / Y 2011	M / D / Y 12/31/2011	0.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) Juan C. Vargas	Name of Employer Candidate
Mailing Address 1171 24th Street	Occupation Candidate
City State ZIP Code San Diego CA 92102-2008	Amount Guaranteed Outstanding: 46000 <b>Transaction ID : SC/10-L1.G</b>
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).....	46000.00
<b>TOTALS</b> This Period (last page in this line only).....	46000.00

**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**

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fiorello Consulting</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Campaign Management Services
Mailing Address 3914 Barcroft Mews Court	
City State Zip Code Falls Church VA 22041-1218	

Outstanding Balance Beginning This Period 3000	<b>Transaction ID : SD10-DEBT86</b>	
Amount Incurred This Period 0	Payment This Period 3000	Outstanding Balance at Close of This Period 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Aristotle International, Inc.</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Software
Mailing Address 205 Pennsylvania Avenue SE	
City State Zip Code Washington DC 20003-1164	

Outstanding Balance Beginning This Period 0	<b>Transaction ID : SD10-DEBT2078</b>	
Amount Incurred This Period 1275	Payment This Period 0	Outstanding Balance at Close of This Period 1275

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Accurate Word, LLC</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Business Cards
Mailing Address 4481 White Plains Lane	
City State Zip Code White Plains MD 20695-3018	

Outstanding Balance Beginning This Period 149.7	<b>Transaction ID : SD10-DEBT1930</b>	
Amount Incurred This Period 0	Payment This Period 149.7	Outstanding Balance at Close of This Period 0

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1275.00
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**

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 43
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Vargas for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Scott &amp; Cronin, LLP</b>	Nature of Debt (Purpose): Administrative/Salary/Overhead: Accounting & Admin. Expenses
Mailing Address 330 Encinitas Boulevard Suite 101	
City State Zip Code Encinitas CA 92024-8705	

Outstanding Balance Beginning This Period 1223.75	<b>Transaction ID : SD10-DEBT2076</b>	
Amount Incurred This Period 563.75	Payment This Period 1223.75	Outstanding Balance at Close of This Period 563.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KM Strategies</b>	Nature of Debt (Purpose): Fundraising: Email Blast
Mailing Address 1927 Adams Avenue	
City State Zip Code San Diego CA 92116-1211	

Outstanding Balance Beginning This Period 0	<b>Transaction ID : SD10-DEBT2077</b>	
Amount Incurred This Period 75	Payment This Period 0	Outstanding Balance at Close of This Period 75

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	638.75
2) <b>TOTALS</b> This Period (last page this line number only) .....	1913.75
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	46000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	47913.75