

*Law Offices of David G. Eisenstein, P.C.*

David G. Eisenstein  
Also Admitted in Arizona  
2111 S. El Camino Real, Suite 202  
Oceanside, California 92054

RECEIVED  
2014 DEC -4 AM 11:51  
FEC MAIL CENTER

December 3, 2014

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

**VIA UPS**

Re: FEC FORM 3X for period ending November 24, 2014 (Post-  
General Report)/Monstah Pac political committee/Submitted herewith  
for filing/ID# C00529107

Dear Sir/Madame:

Please find enclosed the completed Monstah Pac political committee's FEC  
FORM 3X Post-General Report for filing for the period ending November  
24, 2014.

Please advise me of any questions you may have about the enclosed. Thank  
you for your cooperation in this matter.

Sincerely,



David Eisenstein,  
Treasurer of Monstah Pac

DE/dge  
encl.



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Monstah Pac

Report Covering the Period:

From:

10 / 01 / 2014

To:

11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	136.63	136.63
(b) Cash on Hand at Beginning of Reporting Period.....	16.63	
(c) Total Receipts (from Line 19).....	6,775.00	15,193.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6,791.63	15,330.23
7. Total Disbursements (from Line 31).....	4,983.96	14,686.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	246.10	246.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$9,106.05	



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)

Page 3

Write or Type Committee Name  
**Monstah Pac**

Report Covering the Period: From: **10 / 01 / 2014** To: **11 / 24 / 2014**

**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).....	\$1,900.00	2,465.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	\$1,900.00	2,465.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....	5,225.00	13,079.60
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	\$6,791.63	15,544.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6,791.63	15,544.60

**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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	1,806.65	5,897.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....	1,926.35	7,157.87
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....	1,250.00	1,250.00
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	\$4,983.00	\$14,305.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$4,983.00	\$14,305.39

**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) .....	\$1,900.00	\$2,465.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,900.00	\$2,465.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$1,806.65	\$6,277.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$1,806.65	\$6,277.19

FORM 1001-0203

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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)  
**Monstah Pac**

**A.** Full Name (Last, First, Middle Initial)  
**David G. Eisenstein**

Mailing Address  
**2588 El Camino Real, Suite F, #139**

City **Carlsbad, CA 92008**

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

Name of Employer **LAW OFFICES, DAVID G. EISENSTEIN, P.C.** Occupation **Attorney**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **\$830.31**

Date of Receipt **11/12/2014**

Amount of Each Receipt this Period **\$3975.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Golman**

Mailing Address **404 Andrew Avenue, Encinitas, CA 92024**

City **Encinitas, CA 92024**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **\$1,800.00**

Date of Receipt **11/03/2014**

Amount of Each Receipt this Period **\$1,800.00**

**C.** Full Name (Last, First, Middle Initial)  
**Law Offices of David G. Eisenstein, P.C.**

Mailing Address  
**2111 S. El Camino Real, Ste 202**

City **Oceanside CA 92054**

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

Name of Employer **LAW OFFICES OF DAVID G. EISENSTEIN, P.C.** Occupation **Attorney**

Receipt For:  Primary  General  Other (specify) **▼**

Aggregate Year-to-Date **\$1,000.00**

Date of Receipt **11/20/2014**

Amount of Each Receipt this Period **\$1,000.00**

SUBTOTAL of Receipts This Page (optional) **\$6,775.00**

TOTAL This Period (last page this line number only) **\$6,775.00**



**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)

PAGE 2 OF 3

<input 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)

*Monstah Pac*

Full Name (Last, First, Middle Initial)

A.

*AT & T*

Date of Disbursement

*11/20/2014*

Mailing Address

*C/O 11950 SW Garden Pl.*

City

*Portland, OR 97233*

Purpose of Disbursement

*Telephone Service*

*001*

Amount of Each Disbursement this Period

*\$130.00*

Candidate Name

*Donnell Issa*

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA*

District: *49*

B.

*Radio Shack*

Date of Disbursement

*10/31/2014*

Mailing Address

*Plaza Camino Real Shopping Mall*

City

*Carlsbad, CA 92008*

Purpose of Disbursement

*Telephone*

*001*

Amount of Each Disbursement this Period

*\$107.99*

Candidate Name

*Donnell Issa*

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA*

District: *49*

C.

*Facebook*

Date of Disbursement

*10/22/2014*

Mailing Address

*1601 Willow Rd*

City

*Menlo Park, CA 94025*

Purpose of Disbursement

*Advertising Page*

*001*

Amount of Each Disbursement this Period

*\$1174.35*

Candidate Name

*Donnell Issa*

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA*

District: *49*

SUBTOTAL of Disbursements This Page (optional)

*\$1512.34*

TOTAL This Period (last page this line number only)

*\$1512.34*

**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)

PAGE 3 OF 6

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (in Full)

*Monstah Pac*

Full Name (Last, First, Middle Initial)

A. *Arilda's El Rancho Mexican Restaurant*  
Mailing Address: *204 Avenida Del Mar*

Date of Disbursement

*11* / *12* / *2014*

City: *San Clemente, CA* State: *CA* Zip Code: *92672*

Purpose of Disbursement

*Meeting with supporters*

*001*

Amount of Each Disbursement this Period

*59.42*

Candidate Name

*Darrell Issa*

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA* District: *49*

Full Name (Last, First, Middle Initial)

B. *The Lighthouse Oyster Bar & Grill*  
Mailing Address: *262 Harbor Dr. South, #201*

Date of Disbursement

*11* / *07* / *2014*

City: *Oceanside, CA* State: *CA* Zip Code: *92054*

Purpose of Disbursement

*Staff Luncheon*

*001*

Amount of Each Disbursement this Period

*49.66*

Candidate Name

*Darrell Issa*

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA* District: *49*

Full Name (Last, First, Middle Initial)

C. *Fisherman's Restaurant*  
Mailing Address: *611 Avenida Victoria*

Date of Disbursement

*11* / *06* / *2014*

City: *San Clemente, CA* State: *CA* Zip Code: *92672*

Purpose of Disbursement

*Staff Dinner*

*001*

Amount of Each Disbursement this Period

*2339*

Candidate Name

*Darrell Issa*

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: *CA* District: *49*

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

*732.47*

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

*732.47*

CUSTOMER SERVICE

**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)						PAGE <u>4</u> OF <u>6</u>
	<input 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)

**A.** Full Name (Last, First, Middle Initial) USPS - CARLSBAD

Mailing Address 2772 Roosevelt St.

City Carlsbad, CA State CA Zip Code 92008

Purpose of Disbursement Postage

Candidate Name Darrell Issa Category/Type 001

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 49

Date of Disbursement 10 / 23 / 2014

Amount of Each Disbursement this Period 35.28

**B.** Full Name (Last, First, Middle Initial) Le Pain Quotidien

Mailing Address 1055 Buxton Ave

City Los Angeles CA State CA Zip Code 90024-2803

Purpose of Disbursement Lunches with staff

Candidate Name Darrell Issa Category/Type 001

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 49

Date of Disbursement 11 / 22 / 2014

Amount of Each Disbursement this Period \$57.91

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

Mailing Address POB 659754

City San Antonio, TX State TX Zip Code 78265

Purpose of Disbursement PSF Bank Charge

Candidate Name Darrell Issa Category/Type 001

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 49

Date of Disbursement 10 / 17 / 2014

Amount of Each Disbursement this Period \$34.00

SUBTOTAL of Disbursements This Page (optional) 127.19

TOTAL This Period (last page this line number only) 127.19

UNLAWFUL TO REPRODUCE

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

DE 5857

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

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" 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)  
Monstah Pac

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement 10 / 14 / 2014
Mailing Address Box 0001		Amount of Each Disbursement this Period \$200.00
City State Zip Code Los Angeles, CA 90096		
Purpose of Disbursement operating expenditure	001 Category/ Type	
Candidate Name Darrell Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 49		

Full Name (Last, First, Middle Initial) <b>B. Mastro's Ocean Club--Malibu</b>		Date of Disbursement 10 / 03 / 2014
Mailing Address 18412 Pacific Coast Hwy., Malibu, CA 90265		Amount of Each Disbursement this Period \$60.32
City State Zip Code		
Purpose of Disbursement operating expenditure	001 Category/ Type	
Candidate Name Darrell Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. David G. Eisenstein</b>		Date of Disbursement 10 / 14 / 2014
Mailing Address 4027 Aidan Circle		Amount of Each Disbursement this Period \$1,250.00
City State Zip Code Carlsbad CA 92008		
Purpose of Disbursement Partial repayment of loan	Category/ Type	
Candidate Name Darrell Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	\$1,510.32
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)

PAGE 7 OF 7

<input 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)  
Monstah Pae

A. Full Name (Last, First, Middle Initial) Alexandra L. Esteve

Mailing Address 3364 Daley Center Drive #810

City San Diego, CA State CA Zip Code 92123

Purpose of Disbursement Salary

Candidate Name Danell Issa Category/Type 001

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 49

Date of Disbursement 11 / 03 / 2014

Amount of Each Disbursement this Period \$692.31

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 692.31

TOTAL This Period (last page this line number only) \$4,983.96

FROM: AMN: 02/10/14

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
**Monstah Pac**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Eisenstein, David G.	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2588 El Camino Real, Suite F, #139	
City State ZIP Code	

Original Amount of Loan <b>\$3,296.30</b>	Cumulative Payment To Date <b>\$1,250.00</b>	Balance Outstanding at Close of This Period <b>\$7,657.31</b>
--	---	--

**TERMS**

Date Incurred MM / DD / YYYY <b>04 / 01 / 2014</b>	Date Due MM / DD / YYYY <b>due on demand</b>	Interest Rate % (apr) <b>5</b>	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--------------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text" value="\$7,657.31"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

10110101 10110101 10110101

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

NAME OF COMMITTEE (In Full)  
Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)  
LAW OFFICES OF DAVID G. EISENSTEIN, P.C.  
(in kind provision of office space)

Mailing Address 2111 S. El Camino Real, Suite 202, Oceanside, CA 92054

City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1,000.00	0	\$1,000.00

TERMS

Date Incurred: 11 / 20 / 2014  
 Date Due: due on demand  
 Interest Rate: 5 % (apr)  
 Secured:  Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional).....▶	\$1,000.00
TOTALS This Period (last page in this line only).....▶	\$8,657.31

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

1 FROM - AM - 0710

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C _____	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address		Date Incurred or Established MM / DD / YYYY	Date Due MM / DD / YYYY
City	State Zip Code		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred MM / DD / YYYY	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).		Location of account: Address: City, State, Zip: _____	
Date account established: MM / DD / YYYY			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE MM / DD / YYYY	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE MM / DD / YYYY	
		Title	

FROM: MMN: 04/11

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9  
10

NAME OF COMMITTEE (In Full) **Monstah Pac**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose):  <b>Credit Card balance owed as of 11/24/2014</b>
Mailing Address <b>Box 0001</b>		
City State	Zip Code	
<b>Los Angeles, CA</b>		<b>90096</b>

Outstanding Balance Beginning This Period			
<b>\$2,983.31</b>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<b>1,890.00</b>	<b>\$3,000.00</b>	<b>\$1,923.64</b>	

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

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

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

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

1) SUBTOTALS This Period This Page (optional).....▶	<b>\$1923.64</b>
2) TOTALS This Period (last page this line number only).....▶	<b>1923.64</b>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<b>8657.31</b>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<b>\$10,580.95</b>

NADA 141-101-101

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Monstah Pac</b>	FEC IDENTIFICATION NUMBER <b>C 00529107</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Facebook</b>	Date of Public Distribution/Dissemination <b>11 / 24 / 2014</b>
Mailing Address <b>1601 Willow Road</b>	Amount <b>1,174.35</b>
City State Zip Code <b>Menlo Park, CA 94025</b>	Date of Disbursement or Obligation <b>11 / 24 / 2014</b>
Purpose of Expenditure <b>Campaign against Darrell Issa on Facebook</b>	Category/Type <b>001</b>
Name of Federal Candidate <b>Darrell Issa</b>	Office Sought: <input checked="" type="checkbox"/> House District: <b>49</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>\$4,035.12</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Caroline Pfouts/Jasper Publications, Inc.</b>	Date of Public Distribution/Dissemination <b>11 / 24 / 2014</b>
Mailing Address <b>22287 Mulholland Hwy #337</b>	Amount <b>\$752.00</b>
City State Zip Code <b>Calabasas, CA 91302</b>	Date of Disbursement or Obligation <b>11 / 24 / 2014</b>
Purpose of Expenditure <b>Videos/Campaign against Darrell Issa</b>	Category/Type <b>001</b>
Name of Federal Candidate <b>Darrell Issa</b>	Office Sought: <input checked="" type="checkbox"/> House District: <b>49</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>\$752.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>\$1,926.35</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>\$1,926.35</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *Darrell Issa, Treas* Date **12 / 03 / 2014**

FROM: ANNA OSTIN

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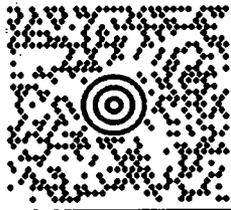
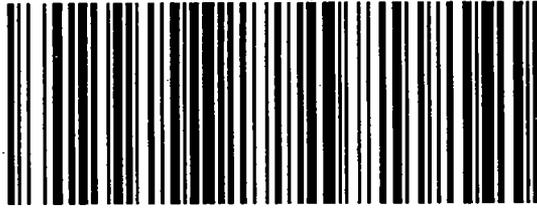
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*AL* PREPARER *12/4/14*  
DATE PREPARED

FORM 7500-108 (8/2013)