

**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

Ehab Atalla for Congress

ADDRESS (number and street)

P.O. Box 2729

Check if different  
than previously  
reported. (ACC)

Anaheim

CA

92814

2. FEC IDENTIFICATION NUMBER ▼

C

C00555839

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

46

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  
06 05 2014in the  
State of

CA

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 01 2014

through

M M / D D / Y Y Y Y  
05 14 2014

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 Yolanda Miranda

Signature of Treasurer

Yolanda Miranda

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 21 2014

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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 21

Write or Type Committee Name

**Ehab Atalla for Congress**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 4 |   | 2 | 0 | 1 | 4 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 845.00                  | 6095.00                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 845.00                  | 6095.00                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 33073.15                | 56052.21                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 1190.00                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 33073.15                | 54862.21                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 18232.79                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 68600.00                |                                    |

**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)

PAGE 3 / 21

Write or Type Committee Name

Ehab Atalla for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 1 |   | 2 | 0 | 1 | 4 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 1 | 4 |   | 2 | 0 | 1 | 4 |

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

845.00

6095.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

845.00

6095.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

845.00

6095.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

45000.00

67500.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

45000.00

67500.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

1190.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

45845.00

74785.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 33073.15                      | 56052.21                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 500.00                             |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 33073.15                      | 56552.21                           |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 5460.94  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 45845.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 51305.94 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 33073.15 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 18232.79 |

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

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

FOR LINE NUMBER:

PAGE 5 OF 21

(check only one)

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

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NAME OF COMMITTEE (In Full)

Ehab Atalla for Congress

Full Name (Last, First, Middle Initial)

Nguoi Viet Daily News

Mailing Address 14771 Moran Street

City

Westminster

State

CA

Zip Code

92683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

845.00

Date of Receipt

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 29    |   | 2014      |

Transaction ID : NONA75

Amount of Each Receipt this Period

845.00

Ad discount rate

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 M | / | D D D | / | Y Y Y Y Y |
|       |   |       |   |           |

Amount of Each Receipt this Period

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 M | / | D D D | / | 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).....

845.00

845.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 21

(check only one)

|                                    |                                     |                                                |                                    |                             |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

Ehab Atalla for Congress

Full Name (Last, First, Middle Initial)

Ehab A. Atalla

A.

Mailing Address PO Box 326

City

Lawndale

State

CA

Zip Code

90260-0326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minas Corporation

Occupation

Chief Financial Officer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

67500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 11  |   | 2014    |

Transaction ID : PAYA42

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

Ehab A. Atalla

B.

Mailing Address PO Box 326

City

Lawndale

State

CA

Zip Code

90260-0326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minas Corporation

Occupation

Chief Financial Officer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

67500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 28  |   | 2014    |

Transaction ID : PAYA44

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

Ehab A. Atalla

C.

Mailing Address PO Box 326

City

Lawndale

State

CA

Zip Code

90260-0326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minas Corporation

Occupation

Chief Financial Officer

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

67500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 13  |   | 2014    |

Transaction ID : PAYA64

Amount of Each Receipt this Period

15000.00

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

45000.00

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

45000.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Ehab Atalla for Congress**

Full Name (Last, First, Middle Initial)

**A. Rohnda Ammouri**

Mailing Address 2245 W. Broadway, N301

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Anaheim | CA    | 92804    |

Purpose of Disbursement  
Communication Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 15  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2400.00 |
|---------|

Transaction ID : EXPB46

**B. Rohnda Ammouri**

Mailing Address 2245 W. Broadway, N301

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Anaheim | CA    | 92804    |

Purpose of Disbursement  
Communication Consulting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3450.00 |
|---------|

Transaction ID : EXPB61

**C. Beirut Times**

Mailing Address P.O. Box 40277

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Pasadena | CA    | 91114    |

Purpose of Disbursement  
Newspaper ads

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 800.00 |
|--------|

Transaction ID : EXPB53

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

6650.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Ehab Atalla for Congress

Full Name (Last, First, Middle Initial)

**A. Corporate Printing & Graphics**

Mailing Address 1735 East Wilshire Ave., Ste. 804

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Santa Ana | CA    | 92705    |

Purpose of Disbursement  
Printing

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 3250.00 |
|---------|

Transaction ID : EXPB60

**B. Corporate Printing & Graphics**

Mailing Address 1735 East Wilshire Ave., Ste. 804

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| Santa Ana | CA    | 92705    |

Purpose of Disbursement  
Printing

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 8787.00 |
|---------|

Transaction ID : EXPB59

**C. U.S. Postal Services**

Mailing Address 615 N. Bush Street

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Santa Ana | CA    | 92702-9998 |

Purpose of Disbursement  
Postage

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 24  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 6657.00 |
|---------|

Transaction ID : EDTB2EXPB59

[MEMO ITEM]

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

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

12037.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Ehab Atalla for Congress**

Full Name (Last, First, Middle Initial)

**A. David Haddad**

Mailing Address 17227 Quesan Place

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Encino | CA    | 91316-3935 |

Purpose of Disbursement  
General campaign consultant

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 750.00 |
|--------|

Transaction ID : EXPB48

**B. David Haddad**

Mailing Address 17227 Quesan Place

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Encino | CA    | 91316-3935 |

Purpose of Disbursement  
General campaign consultant

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 15  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 750.00 |
|--------|

Transaction ID : EXPB47

**C. David Haddad**

Mailing Address 17227 Quesan Place

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Encino | CA    | 91316-3935 |

Purpose of Disbursement  
Reimbursement for Political Data payment

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : EXPB50

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

3500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**Ehab Atalla for Congress**

Full Name (Last, First, Middle Initial)

**A. Political Data, Inc.**

Mailing Address P.O. Box 59570

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Norwalk | CA    | 90652    |

Purpose of Disbursement  
Online subscription

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Transaction ID : EDTB3EXPB50

[MEMO ITEM]

**B. David Haddad**

Mailing Address 17227 Quesan Place

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Encino | CA    | 91316-3935 |

Purpose of Disbursement  
General campaign manager

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 750.00 |
|--------|

Transaction ID : EXPB51

**c. Steven Hooley**

Mailing Address 727 Crest Drive

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Orem | UT    | 84057    |

Purpose of Disbursement  
Website Development

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1317.15 |
|---------|

Transaction ID : EXPB49

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

2067.15

# **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 12 OF 21

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

**Ehab Atalla for Congress**

Full Name (Last, First, Middle Initial)

## **A. Steven Hooley**

Mailing Address 727 Crest Drive

City State Zip Code  
 Orem UT 84057

Purpose of Disbursement  
 Website Development

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 22 / 2014

Amount of Each Disbursement this Period

850.00

Transaction ID : EXPB57

## **B. Nguoi Viet Daily News**

Mailing Address 14771 Moran Street

City State Zip Code  
 Westminster CA 92683

Purpose of Disbursement  
 Newspaper ads

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 22 / 2014

Amount of Each Disbursement this Period

350.00

Transaction ID : EXPB56

## **c. Nguoi Viet Daily News**

Mailing Address 14771 Moran Street

City State Zip Code  
 Westminster CA 92683

Purpose of Disbursement  
 Ad discount rate

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y  
 04 / 29 / 2014

Amount of Each Disbursement this Period

845.00

Transaction ID : NONB75

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

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

2045.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Ehab Atalla for Congress

Full Name (Last, First, Middle Initial)

**A. Nguoi Viet Daily News**

Mailing Address 14771 Moran Street

|             |       |          |
|-------------|-------|----------|
| City        | State | Zip Code |
| Westminster | CA    | 92683    |

Purpose of Disbursement  
Newspaper ads

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 105.00 |
|--------|

Transaction ID : EXPB54

**B. Orthodox News**

Mailing Address P.O. Box 370024

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Reseda | CA    | 91337    |

Purpose of Disbursement  
Advertising

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 06  |   | 2014    |

Amount of Each Disbursement this Period

|         |
|---------|
| 1320.00 |
|---------|

Transaction ID : EXPB52

**C. The Arab World Newspaper**

Mailing Address 518 S. Broadway Street.,Ste. 5

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Anaheim | CA    | 92804    |

Purpose of Disbursement  
Newspaper ad

004

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 01  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 320.00 |
|--------|

Transaction ID : EXPB65

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

1745.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Ehab Atalla for Congress

Full Name (Last, First, Middle Initial)

**A. The Orange County Register Communications**

Mailing Address 1801 W. Olympic Blvd.,

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Pasadena | CA    | 91199-1555 |

Purpose of Disbursement  
Newspaper ad

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 02  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 954.00 |
|--------|

Transaction ID : EXPB66

**B. Yolanda Miranda and Associates**

Mailing Address 728 W. Edna Place

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Covina | CA    | 91722    |

Purpose of Disbursement  
Accounting and reporting services.

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 09  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Transaction ID : EXPB37

**C. Yolanda Miranda and Associates**

Mailing Address 728 W. Edna Place

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Covina | CA    | 91722    |

Purpose of Disbursement  
Accounting and reporting services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 13  |   | 2014    |

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Transaction ID : EXPB58

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

1954.00

33073.15

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

PAGE 15 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Ehab Atalla for Congress

Transaction ID : PAYC6

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ehab A. Atalla

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 326

City

State

ZIP Code

Lawndale

CA

90260-0326

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
01 / 27 / 2014

Date Due

M M / D D / Y Y

None

Interest Rate

0.00

% (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)..... ►

10000.00

**TOTALS** This Period (last page in this line only)..... ►

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

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

PAGE 16 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Ehab Atalla for Congress

Transaction ID : PAYC10

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ehab A. Atalla

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 326

City

State

ZIP Code

Lawndale

CA

90260-0326

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
02 / 18 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00

% (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)..... ►

7500.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 17 OF 21

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Ehab Atalla for Congress

Transaction ID : PAYC21

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Ehab A. Atalla

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 326

City

State

ZIP Code

Lawndale

CA

90260-0326

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 02 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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)..... ►

5000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 18 OF 21

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Ehab Atalla for Congress

Transaction ID : PAYC42

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ehab A. Atalla

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 326

City

State

ZIP Code

Lawndale

CA

90260-0326

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 11 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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)..... ►

15000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 19 OF 21

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Ehab Atalla for Congress

Transaction ID : PAYC44

LOAN SOURCE Full Name (Last, First, Middle Initial)

Ehab A. Atalla

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 326

City

State

ZIP Code

Lawndale

CA

90260-0326

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
04 / 28 / 2014

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (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)..... ►

15000.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 21

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13bNAME OF COMMITTEE (In Full)  
Ehab Atalla for Congress

Transaction ID : PAYC64

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Ehab A. Atalla

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 326

City

State

ZIP Code

Lawndale

CA

90260-0326

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

**TERMS**

Date Incurred

M M / D D / Y Y  
05 / 13 / 2014

Date Due

M M / D D / Y Y

None

Interest Rate

0.00

% (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)..... ►

15000.00

**TOTALS** This Period (last page in this line only)..... ►

67500.00

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 21 OF 21

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Ehab Atalla for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Netfile**Nature of Debt (Purpose):  
Filing annual subscription

Mailing Address PO Box 70

City State

Zip Code

Ahwahnee

CA

93601

Outstanding Balance Beginning This Period

0.00

**Transaction ID : PAYD70**

Amount Incurred This Period

1100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1100.00

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) .....

1100.00

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

1100.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

67500.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

68600.00