

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

Stanley Chang for Congress

ADDRESS (number and street)

637 Ulumaika Street

Check if different than previously reported. (ACC)

Honolulu

HI

96816

2. FEC IDENTIFICATION NUMBER ▼

C C00540468

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

HI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 07 21 2014

through

M M /

D D /

Y Y Y Y 09 30 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 Mr. Nathan Okubo

Signature of Treasurer Mr. Nathan Okubo

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 10 15 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

Write or Type Committee Name

Stanley Chang for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 21 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	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))....	29782.76	754174.34
(b) Total Contribution Refunds (from Line 20(d))	21600.00	24900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8182.76	729274.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	94941.63	671694.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	25.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	94941.63	671668.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	95473.44	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	40000.00	

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)

Write or Type Committee Name

Stanley Chang for Congress

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

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).....	22260.71	681140.14
(ii) Unitemized.....	6522.05	59834.20
(iii) TOTAL of contributions from individuals ▶	28782.76	740974.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	13200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29782.76	754174.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3000.00	40000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3000.00	40000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	25.49
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)..... ▶	32782.76	794199.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94941.63	671694.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	21600.00	24900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	21600.00	24900.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	116541.63	696594.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	179232.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32782.76
25. SUBTOTAL (add Line 23 and Line 24).....	212015.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	116541.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	95473.44

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Paul Adachi

Mailing Address 45-171 Ikenakai St

City Kaneohe State HI Zip Code 96744-5332

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

Name of Employer Paul'S Electrical Contracting Occupation Electrician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : VN8NRCTWTW8

Amount of Each Receipt this Period
250.00

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

Mailing Address 2115 Rocky Hill Pl

City Honolulu State HI Zip Code 96822-2166

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

Name of Employer Case Lombardi and Pettit Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1605.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : VN8NRCV1PD3

Amount of Each Receipt this Period
500.00

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

Mailing Address 2115 Rocky Hill Pl

City Honolulu State HI Zip Code 96822-2166

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

Name of Employer Case Lombardi and Pettit Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1605.71

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : VN8NRCV1PH5

Amount of Each Receipt this Period
87.96

* In-Kind: Food for event

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

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

837.96

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Lissa Andrews

Mailing Address 2115 Rocky Hill Pl

City Honolulu State HI Zip Code 96822-2166

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

Name of Employer Case Lombardi and Pettit Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1605.71**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : VN8NRCV1PJ3

Amount of Each Receipt this Period
 17.75

* In-Kind: Food for event

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

Mailing Address 110 Pacific Ave Ste 350

City San Francisco State CA Zip Code 94111-1962

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

Name of Employer MB Property Acquisitions Occupation Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : VN8NRCVHEV0

Amount of Each Receipt this Period
 100.00

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

Mailing Address 1463 Florida Ave NW

City Washington State DC Zip Code 20009-5801

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

Name of Employer U.S. Government Occupation foreign affairs specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : VN8NRCTTZJ3

Amount of Each Receipt this Period
 75.00

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

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

192.75

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Donald Bumsik Kang

Mailing Address 700 N Nimitz Hwy

City Honolulu State HI Zip Code 96817-5034

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

Name of Employer Royal Hawaiian Creations Occupation Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : VN8NRD2T911

Amount of Each Receipt this Period
500.00

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

Mailing Address 1071 Noio St

City Honolulu State HI Zip Code 96816-5116

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

Name of Employer Self Employed Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : VN8NRCTWTZ1

Amount of Each Receipt this Period
100.00

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

Mailing Address 581 Kamoku St Apt 2404

City Honolulu State HI Zip Code 96826-5211

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

Name of Employer Prudential Locations LLC Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : VN8NRCVAXF3

Amount of Each Receipt this Period
250.00

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

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

850.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Chian Leng Chia

Mailing Address PO Box 61455

City Honolulu State HI Zip Code 96839-1455

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014

Transaction ID : VN8NRCW5ZV4

Amount of Each Receipt this Period
50.00

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

Mailing Address 91-1059 Paaoloulu Way

City Kapolei State HI Zip Code 96707-3101

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

Name of Employer Office of Hawaiian Affairs Occupation Public Policy Advocate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **521.23**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : VN8NRCW1Y15

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Samuel David Cobb

Mailing Address 100 Oceangate Ste 1120

City Long Beach State CA Zip Code 90802-4348

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

Name of Employer HDR Engineering, Inc. Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2014

Transaction ID : VN8NRCVZM26

Amount of Each Receipt this Period
250.00

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

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

350.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Johann Frederick Cutiongco

Mailing Address 308 W 73rd St
Apt A

City New York State NY Zip Code 10023-1663

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

Name of Employer Kinnek Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : VN8NRCV8K99

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Leslie DeMeuse Disney

Mailing Address 3169 Diamond Head Rd

City Honolulu State HI Zip Code 96815-4719

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

Name of Employer Self Occupation Media and Film Production

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : VN8NRCVEZ50

Amount of Each Receipt this Period
2500.00

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

Mailing Address 2235 Oahu Ave

City Honolulu State HI Zip Code 96822-2210

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

Name of Employer Self Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : VN8NRCVBW68

Amount of Each Receipt this Period
50.00

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

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

2650.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
William Ehrhorn

Mailing Address 2235 Oahu Ave

City Honolulu State HI Zip Code 96822-2210

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

Name of Employer Self Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : VN8NRCVFAB0

Amount of Each Receipt this Period
35.00

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

Mailing Address 203 W 94th St Apt 4B

City New York State NY Zip Code 10025-6942

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

Name of Employer Friedman Kaplan Seiler & Adelman LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : VN8NRCVBA29

Amount of Each Receipt this Period
100.00

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

Mailing Address 1840 Biltmore St NW Apt 10

City Washington State DC Zip Code 20009-1938

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

Name of Employer U.S. Department of Health and Human Se Occupation economist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : VN8NRCV1J27

Amount of Each Receipt this Period
200.00

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

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

335.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Todd M. Georgopapadakos

Mailing Address 1600 Kapiolani Blvd
Ste 1700

City Honolulu State HI Zip Code 96814-3802

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

Name of Employer: RevoluSun/ Distributed Energy Partners
Occupation: Founding Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **08 / 05 / 2014**

Transaction ID : VN8NRCW1GP2

Amount of Each Receipt this Period: **250.00**

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

Mailing Address 35 Palimalu Dr

City Honolulu State HI Zip Code 96817-1002

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

Name of Employer: MGA Architecture (self-employed)
Occupation: Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **2250.00**

Date of Receipt: **07 / 30 / 2014**

Transaction ID : VN8NRCVCJX4

Amount of Each Receipt this Period: **1000.00**

C. Full Name (Last, First, Middle Initial)
Clark G. Hatch

Mailing Address 3859 Pokapahu Pl

City Honolulu State HI Zip Code 96816-4410

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

Name of Employer: Retired
Occupation: N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **08 / 01 / 2014**

Transaction ID : VN8NRCVP7H5

Amount of Each Receipt this Period: **250.00**

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 75
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Ralph L. Heidenreich

Mailing Address 1234A Saint Louis Dr

City Honolulu State HI Zip Code 96816-1722

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

Name of Employer Retired Occupation State Librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **185.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 02 / 2014

Transaction ID : VN8NRCVW549

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Ralph L. Heidenreich

Mailing Address 1234A Saint Louis Dr

City Honolulu State HI Zip Code 96816-1722

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

Name of Employer Retired Occupation State Librarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 04 / 2014

Transaction ID : VN8NRCVZT52

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Douglas K.T. Ho

Mailing Address 1268 Young St
Ste 302

City Honolulu State HI Zip Code 96814-1801

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

Name of Employer Self Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 26 / 2014

Transaction ID : VN8NRCV4FS4

Amount of Each Receipt this Period
500.00

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

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

585.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Jerone Hsu

Mailing Address 310 Riverside Dr
Apt 306

City State Zip Code
New York NY 10025-4136

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

Name of Employer Occupation
Kovida IS Service Provider

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2014

Transaction ID : VN8NRCTZFF6

Amount of Each Receipt this Period
20.00

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

Mailing Address 3446 Kupaa Dr

City State Zip Code
Honolulu HI 96816-2504

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

Name of Employer Occupation
D. Suehiro Electric, Inc. Project Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
585.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : VN8NRCVCDZ1

Amount of Each Receipt this Period
50.00

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

Mailing Address 358 Washington St

City State Zip Code
Cambridge MA 02139-2721

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

Name of Employer Occupation
Google SRE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : VN8NRCVF9V4

Amount of Each Receipt this Period
120.00

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

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

190.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Lance M. Inouye

Mailing Address 2141 Atherton Rd
Apt A

City Honolulu State HI Zip Code 96822-2191

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

Name of Employer Ralph S Inouye LTD Occupation President/CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : VN8NRCV8KF7

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Ralph S. Inouye

Mailing Address 938 Luawai St

City Honolulu State HI Zip Code 96816-4656

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

Name of Employer Ralph S Inouye LTD Occupation Chairman of Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : VN8NRCV8KG5

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Michael P. Irish

Mailing Address 966 Robello Ln

City Honolulu State HI Zip Code 96817-4545

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

Name of Employer Halm's Enterprises Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 31 / 2014

Transaction ID : VN8NRCVHMQ1

Amount of Each Receipt this Period
200.00

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

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

300.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Victoria L. Jeffries

Mailing Address 1102 E Capitol St NE

City Washington State DC Zip Code 20002-6225

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

Name of Employer Wilson Sonsini Goodrich & Rosati Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : VN8NRCVEGK6

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2445 Makiki Heights Dr Apt A

City Honolulu State HI Zip Code 96822-2538

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

Name of Employer University of Hawaii Occupation Lecturer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2014

Transaction ID : VN8NRCVCA59

Amount of Each Receipt this Period
250.00

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

Mailing Address 323 Kupaua Pl

City Honolulu State HI Zip Code 96821-2153

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

Name of Employer Olelo Community Media Occupation Community Media Associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 09 / 2014

Transaction ID : VN8NRCWCT21

Amount of Each Receipt this Period
20.00

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

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

1270.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Paul Kang

Mailing Address 5383 Kahalakua St

City Honolulu State HI Zip Code 96821-1532

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

Name of Employer: Island Vintage Coffee Occupation: coffee retail

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **3300.00**

Date of Receipt: 07 / 31 / 2014

Transaction ID : VN8NRCVJE05

Amount of Each Receipt this Period: **500.00**

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

Mailing Address 5383 Kahalakua St

City Honolulu State HI Zip Code 96821-1532

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

Name of Employer: Island Vintage Coffee Occupation: coffee retail

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **3400.00**

Date of Receipt: 08 / 06 / 2014

Transaction ID : VN8NRCW4G77

Amount of Each Receipt this Period: **100.00**

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

Mailing Address 2747 Kalawao St

City Honolulu State HI Zip Code 96822-1592

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: 07 / 22 / 2014

Transaction ID : VN8NRCTWTT2

Amount of Each Receipt this Period: **500.00**

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

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

1100.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
David A. Levine

Mailing Address 720 Greenwich St
Apt 9D

City State Zip Code
New York NY 10014-2545

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

Name of Employer Occupation
Artivist CIO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : VN8NRCVEVJ3

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Steven H. Levinson

Mailing Address 3430 Keahi Pl
Apt F

City State Zip Code
Honolulu HI 96822-1264

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

Name of Employer Occupation
Retired Sup. Ct. Justice and Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1850.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2014

Transaction ID : VN8NRCVB7E7

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Anna C.Y. Li

Mailing Address 1121 Nuuanu Ave
Ste 104

City State Zip Code
Honolulu HI 96817-5116

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
236.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2014

Transaction ID : VN8NRCVX1N2

Amount of Each Receipt this Period
100.00

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

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

300.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Donna Lipman

Mailing Address 250 Paiko Dr

City Honolulu State HI Zip Code 96821-2321

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

Name of Employer Kaiser Permanente Occupation Sonographer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : VN8NRCV8R98

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Ernest J.T. Loo

Mailing Address 2026 Halekoa Dr

City Honolulu State HI Zip Code 96821-1033

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2014

Transaction ID : VN8NRCWD4N3

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Scott H Lu

Mailing Address PO Box 37573

City Honolulu State HI Zip Code 96837-0573

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

Name of Employer Dynamic Property Management Inc Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : VN8NRCW6J36

Amount of Each Receipt this Period
 100.00

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

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

700.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Deborah A. Luckett

Mailing Address 758 Kapahulu Ave
Ste 230

City Honolulu State HI Zip Code 96816-1198

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

Name of Employer AQUACARE AT PT HAWAII Occupation DIRECTOR OF CLIENT SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : VN8NRCTWTQ8

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Ivan M. Lui-Kwan

Mailing Address 733 Bishop St
Ste 1900

City Honolulu State HI Zip Code 96813-4014

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

Name of Employer Starn O'Toole Marcus & Fisher Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify) Debt Primary 2014

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014

Transaction ID : VN8NRD2RHQ6

Amount of Each Receipt this Period
600.00

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

Mailing Address 3060 Ualena St
Ste A

City Honolulu State HI Zip Code 96819-1971

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

Name of Employer Aloha Gourmet Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : VN8NRCRKQ80

Amount of Each Receipt this Period
100.00

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

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

2700.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Kevin Miyama

Mailing Address 95-437 Kaawela Pl
Ste C302

City Mililani State HI Zip Code 96789-1434

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

Name of Employer Hale Investments Occupation Real Estate Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 01 / 2014

Transaction ID : VN8NRCVJNP5

Amount of Each Receipt this Period
100.00

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

Mailing Address 1022 Front St

City Lahaina State HI Zip Code 96761-1613

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

Name of Employer Hoaloha Na Eha Occupation Dir Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 05 / 2014

Transaction ID : VN8NRCW1J69

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Randolph G. Moore

Mailing Address 2445 Makiki Heights Dr
Apt A

City Honolulu State HI Zip Code 96822-2538

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2014

Transaction ID : VN8NRCVEXB2

Amount of Each Receipt this Period
950.00

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

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

1550.00

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Mark M. Mugiishi MD

Mailing Address 581 Kamoku St
Apt 1506

City Honolulu State HI Zip Code 96826-5206

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

Name of Employer Central Medical Clinic Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **601.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : VN8NRCV8GM0

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Benjamin A. Nakaoka

Mailing Address 3456 Pahoia Ave

City Honolulu State HI Zip Code 96816-2157

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

Name of Employer Pacific shipyards international Occupation VP of finance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : VN8NRCV8J13

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Regan P.T. O'Neill

Mailing Address 120 Greenwich St
Apt 8J

City New York State NY Zip Code 10006-1537

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

Name of Employer Soros Fun Management Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2014

Transaction ID : VN8NRCV89S4

Amount of Each Receipt this Period
500.00

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

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

700.00

**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 75
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) William Oh		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 909 Kapiolani Blvd Apt 1679		Transaction ID : VN8NRCV1PA9	
City Honolulu State HI Zip Code 96814-2199	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Standard Auto Occupation finance		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) Ralph Reynolds		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 683 Kaumakani St		Transaction ID : VN8NRCVCCB0	
City Honolulu State HI Zip Code 96825-1827	Amount of Each Receipt this Period 1600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

Full Name (Last, First, Middle Initial) Ralph Reynolds		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 683 Kaumakani St		Transaction ID : VN8NRCVCHD8	
City Honolulu State HI Zip Code 96825-1827	Amount of Each Receipt this Period 900.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	[Empty Box]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : VN8NRCVCHD8

This \$900 contribution has been allocated to the general election.

Form/Schedule:

Transaction ID:

**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 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
David Rosenthal

Mailing Address 1415 1st St NW

City Washington State DC Zip Code 20001-1131

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

Name of Employer NDI Occupation Technology Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : VN8NRCVF5J5

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Kathleen N Sato

Mailing Address 4429A Sierra Dr Apt A

City Honolulu State HI Zip Code 96816-4053

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

Name of Employer self Occupation graphic designer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : VN8NRCVJ7M9

Amount of Each Receipt this Period
 100.00

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

Mailing Address 2450 Prince Edward St # 506A

City Honolulu State HI Zip Code 96815-3221

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

Name of Employer Chinese Community Broadcasting Occupation Journalist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2514.02**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2014

Transaction ID : VN8NRCVX1A5

Amount of Each Receipt this Period
 50.00

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

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

250.00

**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 25 OF 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Beverly P Smith

Mailing Address 2317 Hoonanea St

City Honolulu State HI Zip Code 96822-2430

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : VN8NRCV8KE9

Amount of Each Receipt this Period
100.00

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

Mailing Address 278 Makaweli Pl Ste 200

City Honolulu State HI Zip Code 96825-2119

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

Name of Employer The Howard Hughes Corp Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 06 / 2014

Transaction ID : VN8NRCW4DG2

Amount of Each Receipt this Period
100.00

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

Mailing Address 1009 Kapiolani Blvd Apt 1110

City Honolulu State HI Zip Code 96814-2129

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

Name of Employer City and County of Honolulu Occupation Transportation Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2014

Transaction ID : VN8NRCV8KD1

Amount of Each Receipt this Period
50.00

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

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

250.00

**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 26 OF 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
David B. Tongg

Mailing Address 45-739 Hilinai St

City Kaneohe State HI Zip Code 96744-2804

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

Name of Employer Kobayashi Sugita & Goda Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2014

Transaction ID : VN8NRCTWRG9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Donna J. Walden

Mailing Address 3939 Old Pali Rd

City Honolulu State HI Zip Code 96817-1001

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

Name of Employer Microwave LLC Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2014

Transaction ID : VN8NRCVER54

Amount of Each Receipt this Period
500.00

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

Mailing Address 111 E 30th St Apy. 9BC

City New York State NY Zip Code 10016-7356

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

Name of Employer Columbia University Occupation Research Scholar

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 08 / 2014

Transaction ID : VN8NRCW91C5

Amount of Each Receipt this Period
200.00

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 27 OF 75
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Michael Wu

Mailing Address 72 Prickly Pear

City Irvine State CA Zip Code 92618-8856

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

Name of Employer Little Sheep International Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 06 / 2014

Transaction ID : VN8NRCW3C47

Amount of Each Receipt this Period
 200.00

Amount of Each Receipt this Period
 700.00

B. Full Name (Last, First, Middle Initial)
Ling Wang Yang

Mailing Address 46-176 Kalali Pl

City Kaneohe State HI Zip Code 96744-4126

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2014

Transaction ID : VN8NRCVX1D9

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Hsiao Yen Yeh

Mailing Address 1821 Kumakani Pl

City Honolulu State HI Zip Code 96821-1327

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 25 / 2014

Transaction ID : VN8NRCV30R6

Amount of Each Receipt this Period
 500.00

Amount of Each Receipt this Period
 700.00

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

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

1700.00

22260.71

**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 28 OF 75
	<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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
PEOPLE FOR THE AMERICAN WAY VOTERS ALLIANCE

Mailing Address 2000 M St NW
Ste 400

City Washington State DC Zip Code 20036-3397

FEC ID number of contributing federal political committee. **C** C00331454

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 07 / 2014

Transaction ID : VN8NRCW6JW4

Amount of Each Receipt this Period
 1000.00

B. 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

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).....

1000.00

1000.00

**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 29 OF 75
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Stanley Chang for Congress

A. Full Name (Last, First, Middle Initial)
Stanley Chang

Mailing Address 637 Ulumaika St

City Honolulu State HI Zip Code 96816-5203

FEC ID number of contributing federal political committee. **C** H4HI01100

Name of Employer City and County of Honolulu Occupation City Councilmember

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 40000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : VN8NRCVJHY9

Amount of Each Receipt this Period
 3000.00

B. 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

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).....

3000.00

3000.00

**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 30 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2014		
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 2.62		
City Somerville	State MA	Zip Code 02144-3132	Transaction ID : VN7PG9T7NN4		
Purpose of Disbursement Merchant Fees		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. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2014		
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 11.12		
City Somerville	State MA	Zip Code 02144-3132	Transaction ID : VN7PG9T7NM6		
Purpose of Disbursement Merchant Fees		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) c. ActBlue			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2014		
Mailing Address 366 Summer St			Amount of Each Disbursement this Period 2.32		
City Somerville	State MA	Zip Code 02144-3132	Transaction ID : VN7PG9T7NK8		
Purpose of Disbursement Merchant Fees		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:					

SUBTOTAL of Disbursements This Page (optional).....	16.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Activate		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 941 Kentucky St		Amount of Each Disbursement this Period 750.00 Transaction ID : VN7PG9SQ8S0
City Lawrence	State KS	
Zip Code 66044-2823	Purpose of Disbursement Phones	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. Activate		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 941 Kentucky St		Amount of Each Disbursement this Period 1400.00 Transaction ID : VN7PG9SQ8T8
City Lawrence	State KS	
Zip Code 66044-2823	Purpose of Disbursement Phones	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) c. Lissa Andrews		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2115 Rocky Hill Pl		Amount of Each Disbursement this Period 87.96 Transaction ID : VN8NRCV1PH51
City Honolulu	State HI	
Zip Code 96822-2166	Purpose of Disbursement Food for event	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:	* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	2237.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Lissa Andrews		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2115 Rocky Hill Pl		Amount of Each Disbursement this Period 17.75
City Honolulu	State HI Zip Code 96822-2166	
Purpose of Disbursement Food for event	Candidate Name	Transaction ID : VN8NRCV1PJ31
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	* In-Kind Received

Full Name (Last, First, Middle Initial) B. Anthology Marketing Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1003 Bishop St		Amount of Each Disbursement this Period 24000.00
City Honolulu	State HI Zip Code 96813-6401	
Purpose of Disbursement Advertising	Candidate Name	Transaction ID : VN7PG9SQ8V6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 004	

Full Name (Last, First, Middle Initial) c. Anthology Marketing Group		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1003 Bishop St		Amount of Each Disbursement this Period 11828.09
City Honolulu	State HI Zip Code 96813-6401	
Purpose of Disbursement Advertising	Candidate Name	Transaction ID : VN7PG9T7N41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional).....	35845.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Regina Bailey		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 150 Hamakua Drive #759		Amount of Each Disbursement this Period 50.00
City Honolulu	State HI Zip Code 96816	
Purpose of Disbursement GOTV Consulting	Category/Type 001	Transaction ID : VN7PG9T8113
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. Henry Baxter		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address PO Box 941		Amount of Each Disbursement this Period 180.00
City Honolulu	State HI Zip Code 96808-0941	
Purpose of Disbursement GOTV Consulting	Category/Type 001	Transaction ID : VN7PG9T7KT0
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) c. Demond L B Bell		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1088 Bishop St		Amount of Each Disbursement this Period 310.00
City Honolulu	State HI Zip Code 96813-3113	
Purpose of Disbursement GOTV Consulting	Category/Type 001	Transaction ID : VN7PG9SQ8X2
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:		

SUBTOTAL of Disbursements This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Demond L B Bell		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1088 Bishop St		Amount of Each Disbursement this Period 430.00 Transaction ID : VN7PG9T7KP8
City Honolulu	State HI Zip Code 96813-3113	
Purpose of Disbursement GOTV Consulting	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. Central Pacific Bank		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 220 S King St		Amount of Each Disbursement this Period 10.75 Transaction ID : VN7PG9SQ9D8
City Honolulu	State HI Zip Code 96813-4595	
Purpose of Disbursement Banking 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) c. Christensen & Associates		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1972.40 Transaction ID : VN7PG9SQ9C0
City Washington	State DC Zip Code 20003-1107	
Purpose of Disbursement Fundraising Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	2413.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 75			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Serene P Collins		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 95 Laiki Pl		Amount of Each Disbursement this Period 260.00 Transaction ID : VN7PG9T81P9
City Kailua	State HI	
Zip Code 96734-1906	Purpose of Disbursement GOTV Consulting	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. Serene P Collins		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 95 Laiki Pl		Amount of Each Disbursement this Period 40.00 Transaction ID : VN7PG9T7KY1
City Kailua	State HI	
Zip Code 96734-1906	Purpose of Disbursement GOTV Consulting	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) c. Benjamin Correa		Date of Disbursement MM / DD / YYYY 09 / 18 / 2014
Mailing Address 47-651 Melekula Rd		Amount of Each Disbursement this Period 570.00 Transaction ID : VN7PG9T7HX0
City Kaneohe	State HI	
Zip Code 96744-5421	Purpose of Disbursement Removal of Signs	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:	

SUBTOTAL of Disbursements This Page (optional).....	870.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Nanci Correa		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 47-651 Melekula Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7PG9T7HQ2
City Kaneohe State HI Zip Code 96744-5421	Purpose of Disbursement Removal of Signs 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. David Emerson		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2065 Lanihuli Dr		Amount of Each Disbursement this Period 370.00 Transaction ID : VN7PG9SQ8Z8
City Honolulu State HI Zip Code 96822-2112	Purpose of Disbursement GOTV Consulting 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) c. David Emerson		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 2065 Lanihuli Dr		Amount of Each Disbursement this Period 760.00 Transaction ID : VN7PG9T7KS2
City Honolulu State HI Zip Code 96822-2112	Purpose of Disbursement GOTV Consulting 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:	

SUBTOTAL of Disbursements This Page (optional).....	1630.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Tammy Gautier		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 909 Ala Liliko'i St Apt 603		Amount of Each Disbursement this Period 160.00 Transaction ID : VN7PG9T8139
City Honolulu	State HI Zip Code 96818-2402	
Purpose of Disbursement GOTV Consulting	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. Tammy Gautier		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 909 Ala Liliko'i St Apt 603		Amount of Each Disbursement this Period 160.00 Transaction ID : VN7PG9T81R3
City Honolulu	State HI Zip Code 96818-2402	
Purpose of Disbursement GOTV Consulting	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) c. Tammy Gautier		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 909 Ala Liliko'i St Apt 603		Amount of Each Disbursement this Period 200.00 Transaction ID : VN7PG9T7M15
City Honolulu	State HI Zip Code 96818-2402	
Purpose of Disbursement GOTV Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	520.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Tracey Ann Gilmete		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2106 Fern St		Amount of Each Disbursement this Period 470.00 Transaction ID : VN7PG9SQ921
City Honolulu	State HI Zip Code 96826-4148	
Purpose of Disbursement GOTV Consulting	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. Tracey Ann Gilmete		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 2106 Fern St		Amount of Each Disbursement this Period 570.00 Transaction ID : VN7PG9T7M23
City Honolulu	State HI Zip Code 96826-4148	
Purpose of Disbursement GOTV Consulting	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) c. Kendra W. Ginn		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1955 Kakela Dr Apt A		Amount of Each Disbursement this Period 120.00 Transaction ID : VN7PG9T80V6
City Honolulu	State HI Zip Code 96822-2156	
Purpose of Disbursement GOTV Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	1160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Kendra W. Ginn		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1955 Kakela Dr Apt A		Amount of Each Disbursement this Period 530.00 Transaction ID : VN7PG9T81N1
City Honolulu	State HI Zip Code 96822-2156	
Purpose of Disbursement GOTV Consulting	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. Kendra W. Ginn		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1955 Kakela Dr Apt A		Amount of Each Disbursement this Period 610.00 Transaction ID : VN7PG9T7KV7
City Honolulu	State HI Zip Code 96822-2156	
Purpose of Disbursement GOTV Consulting	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) c. Taeka Haraguchi		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 311 E 50th St Apt 2H		Amount of Each Disbursement this Period 1250.00 Transaction ID : VN7PG9SQ963
City Honolulu	State HI Zip Code 10022-7937	
Purpose of Disbursement Fundraising Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	2390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Taeka Haraguchi		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 311 E 50th St Apt 2H		Amount of Each Disbursement this Period 1850.00 Transaction ID : VN7PG9T7M98
City Honolulu	State HI Zip Code 10022-7937	
Purpose of Disbursement Fundraising Consulting	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. Hawaii Chinese TV		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 100 N Beretania St Ste 206		Amount of Each Disbursement this Period 897.00 Transaction ID : VN7PG9T81G2
City Honolulu	State HI Zip Code 96817-4709	
Purpose of Disbursement Advertising	Category/Type 004	
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) c. Hawaii Chinese TV		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 100 N Beretania St Ste 206		Amount of Each Disbursement this Period 1125.00 Transaction ID : VN7PG9T81J8
City Honolulu	State HI Zip Code 96817-4709	
Purpose of Disbursement Advertising	Category/Type 004	
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:		

SUBTOTAL of Disbursements This Page (optional).....	3872.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Hawaiian Electric		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 900 Richards St		Amount of Each Disbursement this Period 297.93 Transaction ID : VN7PG9T7N59
City Honolulu State HI Zip Code 96813-2956	Purpose of Disbursement Electricity 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. Hawaiian Telecom		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1177 Bishop St		Amount of Each Disbursement this Period 550.35 Transaction ID : VN7PG9SQ9B2
City Honolulu State HI Zip Code 96813-2837	Purpose of Disbursement Internet/Phone Services 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) c. Jocelyn Idriss		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1717 Alencastre St		Amount of Each Disbursement this Period 1250.00 Transaction ID : VN7PG9SQ947
City Honolulu State HI Zip Code 96816-1942	Purpose of Disbursement GOTV Consulting 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:	

SUBTOTAL of Disbursements This Page (optional).....	2098.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Jocelyn Idriss		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1717 Alencastre St		Amount of Each Disbursement this Period 210.82 Transaction ID : VN7PG9T7MB4
City Honolulu	State HI Zip Code 96816-1942	
Purpose of Disbursement Reimbursement - Campaign Materials	Category/Type 006	
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. City Mill		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address PO Box 1559		Amount of Each Disbursement this Period 4.07 Transaction ID : VN7PG9T7MN3
City Honolulu	State HI Zip Code 96806-1559	
Purpose of Disbursement Stencils	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:		

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial) c. Coffee Bean and Tea Leaf		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1500 Westwood Blvd		Amount of Each Disbursement this Period 13.99 Transaction ID : VN7PG9T7MH1
City Los Angeles	State CA Zip Code 90024-5602	
Purpose of Disbursement Food and Drink	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:		

[MEMO ITEM]
*

SUBTOTAL of Disbursements This Page (optional).....	210.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Costco		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address PO Box 34331		Amount of Each Disbursement this Period 9.65
City Seattle	State WA	
Zip Code 98124-1331	Purpose of Disbursement Campaign Event Food	Transaction ID : VN7PG9T7MC2
Candidate Name	Category/Type 007	
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Costco		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address PO Box 34331		Amount of Each Disbursement this Period 77.62
City Seattle	State WA	
Zip Code 98124-1331	Purpose of Disbursement Food and Drink	Transaction ID : VN7PG9T7ME8
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. Manoa Service, Inc.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd		Amount of Each Disbursement this Period 25.29
City Honolulu	State HI	
Zip Code 96822-1803	Purpose of Disbursement Gas	Transaction ID : VN7PG9T7MD0
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)	[MEMO ITEM] *
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Manoa Service, Inc.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd		Amount of Each Disbursement this Period 38.28
City Honolulu	State HI Zip Code 96822-1803	
Purpose of Disbursement Gas	Category/Type 001	Transaction ID : VN7PG9T7MF5
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Manoa Service, Inc.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd		Amount of Each Disbursement this Period 22.14
City Honolulu	State HI Zip Code 96822-1803	
Purpose of Disbursement Gas	Category/Type 001	Transaction ID : VN7PG9T7MJ9
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. Manoa Service, Inc.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd		Amount of Each Disbursement this Period 5.66
City Honolulu	State HI Zip Code 96822-1803	
Purpose of Disbursement Gas	Category/Type 001	Transaction ID : VN7PG9T7MP1
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. McDonald's		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1120 W 22nd St		Amount of Each Disbursement this Period 10.47
City Oak Brook	State IL	
Zip Code 60523-2182	Purpose of Disbursement Food and Drink	Transaction ID : VN7PG9T7MK7
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Walgreens		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 200 Wilmot Rd		Amount of Each Disbursement this Period 3.65
City Deerfield	State IL	
Zip Code 60015-4620	Purpose of Disbursement Tape and Zipties	Transaction ID : VN7PG9T7MM5
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. Jocelyn Idriss		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 1717 Alencastre St		Amount of Each Disbursement this Period 1250.00
City Honolulu	State HI	
Zip Code 96816-1942	Purpose of Disbursement GOTV Consulting	Transaction ID : VN7PG9T7KH8
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:		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Jocelyn Idriss			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 1717 Alencastre St			Amount of Each Disbursement this Period 155.00	
City Honolulu	State HI	Zip Code 96816-1942	Transaction ID : VN7PG9T7K62	
Purpose of Disbursement GOTV Consulting		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. Bryan M. Jackson			Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014	
Mailing Address 1946 Ala Moana Blvd Apt 324			Amount of Each Disbursement this Period 290.00	
City Honolulu	State HI	Zip Code 96815-1103	Transaction ID : VN7PG9SQ8M1	
Purpose of Disbursement GOTV Consulting		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) c. Bryan M. Jackson			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 1946 Ala Moana Blvd Apt 324			Amount of Each Disbursement this Period 190.00	
City Honolulu	State HI	Zip Code 96815-1103	Transaction ID : VN7PG9SQ8W4	
Purpose of Disbursement GOTV Consulting		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:			

SUBTOTAL of Disbursements This Page (optional).....	635.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Junk Removal Honolulu		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 6800 Kalaniana'ole Hwy		Amount of Each Disbursement this Period 958.11 Transaction ID : VN7PG9T7N67
City Honolulu	State HI Zip Code 96825-1213	
Purpose of Disbursement Office Furniture Removal	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. Lawrence Maneafaiga-Cunningham		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 86-131 Kwame Road		Amount of Each Disbursement this Period 10.00 Transaction ID : VN7PG9T80Z7
City Waianae	State HI Zip Code 96816	
Purpose of Disbursement GOTV Consulting	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) c. Manoa Marketplace, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 2851 E Manoa Rd		Amount of Each Disbursement this Period 3141.36 Transaction ID : VN7PG9T7N33
City Honolulu	State HI Zip Code 96822-1858	
Purpose of Disbursement Office Rent	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:		

SUBTOTAL of Disbursements This Page (optional).....	4109.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Alina C Meltaus		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 708 Columbia Rd NW		Amount of Each Disbursement this Period 3250.00 Transaction ID : VN7PG9SQ955
City Washington State DC Zip Code 20001-3802	Purpose of Disbursement Fundraising Consulting 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. Alina C Meltaus		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 708 Columbia Rd NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : VN7PG9T7M64
City Washington State DC Zip Code 20001-3802	Purpose of Disbursement Fundraising Consulting 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) c. Chris Mendez		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2065 Lanihuli Dr		Amount of Each Disbursement this Period 370.00 Transaction ID : VN7PG9SQ8Y0
City Honolulu State HI Zip Code 96822-2112	Purpose of Disbursement GOTV Consulting 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:	

SUBTOTAL of Disbursements This Page (optional).....	6120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Chris Mendez		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 2065 Lanihuli Dr		Amount of Each Disbursement this Period 690.00 Transaction ID : VN7PG9T7KQ6
City Honolulu	State HI Zip Code 96822-2112	
Purpose of Disbursement GOTV Consulting	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. Aaron R. Miller		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1914 University Ave Apt 208		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7PG9SQ939
City Honolulu	State HI Zip Code 96822-2473	
Purpose of Disbursement Communications Consulting	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) c. Aaron R. Miller		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1914 University Ave Apt 208		Amount of Each Disbursement this Period 1000.00 Transaction ID : VN7PG9T7M56
City Honolulu	State HI Zip Code 96822-2473	
Purpose of Disbursement Communications Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	2690.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Solomon Navarro		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1419A Akiikii PI		Amount of Each Disbursement this Period 80.00 Transaction ID : VN7PG9SQ8Q4
City Kailua	State HI	
Zip Code 96734-4285	Purpose of Disbursement GOTV Consulting	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. Solomon Navarro		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1419A Akiikii PI		Amount of Each Disbursement this Period 450.00 Transaction ID : VN7PG9SQ913
City Kailua	State HI	
Zip Code 96734-4285	Purpose of Disbursement GOTV Consulting	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) c. Solomon Navarro		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1419A Akiikii PI		Amount of Each Disbursement this Period 630.00 Transaction ID : VN7PG9T7M07
City Kailua	State HI	
Zip Code 96734-4285	Purpose of Disbursement GOTV Consulting	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:	

SUBTOTAL of Disbursements This Page (optional).....	1160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9SQ989
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones 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. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9SQ997
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones 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) C. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9SQ9A5
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones 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:		

SUBTOTAL of Disbursements This Page (optional).....	111.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18
City Medley	State FL	
Zip Code 33178-1353	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18
City Medley	State FL	
Zip Code 33178-1353	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) C. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18
City Medley	State FL	
Zip Code 33178-1353	Purpose of Disbursement Phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	111.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 75		
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Net10 Wireless		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9T7NH2
City Medley	State FL	
Zip Code 33178-1353	Purpose of Disbursement Phones	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. Net10 Wireless		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9T7NE8
City Medley	State FL	
Zip Code 33178-1353	Purpose of Disbursement Phones	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) C. Net10 Wireless		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9T7N99
City Medley	State FL	
Zip Code 33178-1353	Purpose of Disbursement Phones	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:	

SUBTOTAL of Disbursements This Page (optional).....	111.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9T7NA7
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones 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. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9T7NB5
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones 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) C. Net10 Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 9700 NW 112th Ave		Amount of Each Disbursement this Period 37.18 Transaction ID : VN7PG9T7NC3
City Medley State FL Zip Code 33178-1353	Purpose of Disbursement Phones 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:		

SUBTOTAL of Disbursements This Page (optional).....	111.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 8 Grove Street Suite 202		Amount of Each Disbursement this Period 450.00 Transaction ID : VN7PG9T7N75
City Somerville State MA Zip Code 02144-2940	Purpose of Disbursement Merchant Fees 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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 8 Grove Street Suite 202		Amount of Each Disbursement this Period 450.00 Transaction ID : VN7PG9SQVW4
City Somerville State MA Zip Code 02144-2940	Purpose of Disbursement Merchant Fee 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) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 8 Grove Street Suite 202		Amount of Each Disbursement this Period 1506.90 Transaction ID : VN7PG9SQVX2
City Somerville State MA Zip Code 02144-2940	Purpose of Disbursement Merchant Fees 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:	

SUBTOTAL of Disbursements This Page (optional).....	2406.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 8 Grove Street Suite 202		Amount of Each Disbursement this Period 1930.00 Transaction ID : VN7PG9T8FC8
City Somerville State MA Zip Code 02144-2940	Purpose of Disbursement Merchant Fee 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. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 8 Grove Street Suite 202		Amount of Each Disbursement this Period 227.11 Transaction ID : VN7PG9T7ND0
City Somerville State MA Zip Code 02144-2940	Purpose of Disbursement Merchant Fees 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) c. Shane J K Nuuhiwa		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 3028 Makini St		Amount of Each Disbursement this Period 160.00 Transaction ID : VN7PG9SQ8P7
City Honolulu State HI Zip Code 96815-4244	Purpose of Disbursement GOTV Consulting 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:		

SUBTOTAL of Disbursements This Page (optional).....	2317.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Shane J K Nuuhiwa		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 3028 Makini St		Amount of Each Disbursement this Period 280.00 Transaction ID : VN7PG9SQVT8
City Honolulu	State HI Zip Code 96815-4244	
Purpose of Disbursement GOTV Consulting	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. Shane J K Nuuhiwa		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 3028 Makini St		Amount of Each Disbursement this Period 40.00 Transaction ID : VN7PG9T7KZ9
City Honolulu	State HI Zip Code 96815-4244	
Purpose of Disbursement GOTV Consulting	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) c. Robyn Oishi		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1114 11th Ave Apt A		Amount of Each Disbursement this Period 120.00 Transaction ID : VN7PG9SQ8N9
City Honolulu	State HI Zip Code 96816-2476	
Purpose of Disbursement GOTV Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	440.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Robyn Oishi		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1114 11th Ave Apt A		Amount of Each Disbursement this Period 250.00 Transaction ID : VN7PG9SQ906
City Honolulu	State HI Zip Code 96816-2476	
Purpose of Disbursement GOTV Consulting	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. Robyn Oishi		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1114 11th Ave Apt A		Amount of Each Disbursement this Period 310.00 Transaction ID : VN7PG9T7KX3
City Honolulu	State HI Zip Code 96816-2476	
Purpose of Disbursement GOTV Consulting	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) c. Nathan T. Okubo		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 600 Queen St Apt 1211		Amount of Each Disbursement this Period 26.70 Transaction ID : VN7PG9SQ9E6
City Honolulu	State HI Zip Code 96813-5194	
Purpose of Disbursement Reimbursement - Postage	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:		

SUBTOTAL of Disbursements This Page (optional).....	586.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. United Parcel Service		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 55 Glenlake Pkwy		Amount of Each Disbursement this Period 26.70
City Atlanta	State GA Zip Code 30328-3474	
Purpose of Disbursement Postage	Category/Type	Transaction ID : VN7PG9SQXK9
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Pho Viet Thien Hong		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 2756 Woodlawn Dr		Amount of Each Disbursement this Period 100.00
City Honolulu	State HI Zip Code 96822-1856	
Purpose of Disbursement Event Venue Deposit	Category/Type 007	Transaction ID : VN7PG9T7N26
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) C. Pho Viet Thien Hong		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 2756 Woodlawn Dr		Amount of Each Disbursement this Period 757.33
City Honolulu	State HI Zip Code 96822-1856	
Purpose of Disbursement Event Venue, Food and Drink	Category/Type 007	Transaction ID : VN7PG9T7M49
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:		

SUBTOTAL of Disbursements This Page (optional).....	857.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Andriy Pishchalenko		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1201 Wilder Ave Apt 2702		Amount of Each Disbursement this Period 240.00 Transaction ID : VN7PG9SQVS0
City Honolulu	State HI Zip Code 96822-3147	
Purpose of Disbursement GOTV Consulting	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. Andriy Pishchalenko		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1201 Wilder Ave Apt 2702		Amount of Each Disbursement this Period 140.00 Transaction ID : VN7PG9T7KN0
City Honolulu	State HI Zip Code 96822-3147	
Purpose of Disbursement GOTV Consulting	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) c. Dianne Quiambau		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 87-135 Kaukamana Rd Apt B		Amount of Each Disbursement this Period 10.00 Transaction ID : VN7PG9T80T8
City Waianae	State HI Zip Code 96792-4536	
Purpose of Disbursement GOTV Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. James Rigdon		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 1816 Dole St		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN7PG9T81Y0
City Honolulu State HI Zip Code 96822-3300	Purpose of Disbursement GOTV Consulting 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. James Rigdon		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 1816 Dole St		Amount of Each Disbursement this Period 1220.56 Transaction ID : VN7PG9T7MQ9
City Honolulu State HI Zip Code 96822-3300	Purpose of Disbursement Reimbursement - Administrative Expenses and Materials 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) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 208 S Akard St Ste 110		Amount of Each Disbursement this Period 303.92 Transaction ID : VN7PG9T7MX6
City Dallas State TX Zip Code 75202-4209	Purpose of Disbursement Phone Renewal 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:	[MEMO ITEM] *

SUBTOTAL of Disbursements This Page (optional).....	3220.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Catholic Charities Hawaii		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1822 Keeaumoku St		Amount of Each Disbursement this Period 50.00
City Honolulu	State HI Zip Code 96822-3001	
Purpose of Disbursement Forum Participation Fee	Category/Type 007	Transaction ID : VN7PG9T7MV0 [MEMO ITEM] *
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. City Mill		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address PO Box 1559		Amount of Each Disbursement this Period 200.72
City Honolulu	State HI Zip Code 96806-1559	
Purpose of Disbursement Stakes and cable ties	Category/Type 006	Transaction ID : VN7PG9T7MW8 [MEMO ITEM] *
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Manoa Service, Inc.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd		Amount of Each Disbursement this Period 62.59
City Honolulu	State HI Zip Code 96822-1803	
Purpose of Disbursement Gas	Category/Type 001	Transaction ID : VN7PG9T7MR7 [MEMO ITEM] *
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Manoa Service, Inc.			Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd			Amount of Each Disbursement this Period 000,000.00 30.56
City Honolulu	State HI	Zip Code 96822-1803	
Purpose of Disbursement Gas		Category/ Type 001	Transaction ID : VN7PG9T7MS4
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State:	District:		

Full Name (Last, First, Middle Initial) B. Manoa Service, Inc.			Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 2927 E Manoa Rd			Amount of Each Disbursement this Period 000,000.00 190.03
City Honolulu	State HI	Zip Code 96822-1803	
Purpose of Disbursement Gas		Category/ Type 001	Transaction ID : VN7PG9T7MZ2
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State:	District:		

Full Name (Last, First, Middle Initial) C. Punahou Auto Service			Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 1558 S King St			Amount of Each Disbursement this Period 000,000.00 297.68
City Honolulu	State HI	Zip Code 96826-1933	
Purpose of Disbursement Car Servicing Fee		Category/ Type 001	Transaction ID : VN7PG9T7MY4
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State:	District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Serino's Pizza			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 2756 Woodlawn Dr			Amount of Each Disbursement this Period 85.06
City Honolulu	State HI	Zip Code 96822-1856	
Purpose of Disbursement Food and Drink		Category/ Type 001	Transaction ID : VN7PG9T7N00
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)		[MEMO ITEM] *
State: District:			

Full Name (Last, First, Middle Initial) B. James Rigdon			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1816 Dole St			Amount of Each Disbursement this Period 3000.00
City Honolulu	State HI	Zip Code 96822-3300	
Purpose of Disbursement GOTV Consulting		Category/ Type 001	Transaction ID : VN7PG9T7M80
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) c. Service Printers Hawaii, Inc.			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1829 Dillingham Blvd			Amount of Each Disbursement this Period 1201.02
City Honolulu	State HI	Zip Code 96819-4020	
Purpose of Disbursement Walkpieces		Category/ Type 006	Transaction ID : VN7PG9SPQR9
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:			

SUBTOTAL of Disbursements This Page (optional).....	4201.02
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Solutions Pacific, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 1110 University Ave Ste 309		Amount of Each Disbursement this Period 1047.12 Transaction ID : VN7PG9T7K79
City Honolulu	State HI Zip Code 96826-1508	
Purpose of Disbursement Fundraising and Communications Consulting		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. Solutions Pacific, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 1110 University Ave Ste 309		Amount of Each Disbursement this Period 750.00 Transaction ID : VN7PG9T7HH5
City Honolulu	State HI Zip Code 96826-1508	
Purpose of Disbursement Office Repairs		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) c. Rebecca J. I. Soon		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 39 Makaweli St		Amount of Each Disbursement this Period 816.15 Transaction ID : VN7PG9T7NJ0
City Honolulu	State HI Zip Code 96825-2148	
Purpose of Disbursement Reimbursement - Campaign Materials		Category/ Type 006
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:		

SUBTOTAL of Disbursements This Page (optional).....	2613.27
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Aloha Key Awards and Gifts		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 401 Cooke St		Amount of Each Disbursement this Period 000,000.00 125.65
City Honolulu State HI Zip Code 96813-5320	Purpose of Disbursement Engraving Services Candidate Name Category/Type 006	
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:	Transaction ID : VN7PG9T7KC9 [MEMO ITEM] *

Full Name (Last, First, Middle Initial) B. Pho Viet Thien Hong		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 2756 Woodlawn Dr		Amount of Each Disbursement this Period 000,000.00 200.00
City Honolulu State HI Zip Code 96822-1856	Purpose of Disbursement Campaign Event Venue Fee Candidate Name Category/Type 007	
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:	Transaction ID : VN7PG9T7K95 [MEMO ITEM] *

Full Name (Last, First, Middle Initial) C. Pictures Plus		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 1050 Ala Moana Blvd Ste 1500		Amount of Each Disbursement this Period 000,000.00 275.00
City Honolulu State HI Zip Code 96814-4929	Purpose of Disbursement Frames Candidate Name Category/Type 006	
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:	Transaction ID : VN7PG9T7KA3 [MEMO ITEM] *

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Sweet Home Cafe		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 2334 S King St		Amount of Each Disbursement this Period 215.00
City Honolulu	State HI Zip Code 96826-2344	
Purpose of Disbursement Food and Drink	Category/Type 007	Transaction ID : VN7PG9T7KE5
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)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Steven Toomey		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 45-166 Lilipuna Rd		Amount of Each Disbursement this Period 120.00
City Kaneohe	State HI Zip Code 96744-3023	
Purpose of Disbursement GOTV Consulting	Category/Type 001	Transaction ID : VN7PG9SQ8R2
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) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1500 Pennsylvania Ave NW		Amount of Each Disbursement this Period 200.00
City Washington	State DC Zip Code 20229-0003	
Purpose of Disbursement Filing Fee	Category/Type	Transaction ID : VN7PG9T7JK1
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:		

SUBTOTAL of Disbursements This Page (optional)	320.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Don Weigel		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 7910 Michael Rd		Amount of Each Disbursement this Period 3000.00 Transaction ID : VN7PG9T81W5
City Orchard Park	State NY Zip Code 14127-1464	
Purpose of Disbursement Political Strategy Consulting	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. Don Weigel		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 7910 Michael Rd		Amount of Each Disbursement this Period 3600.00 Transaction ID : VN7PG9T7M72
City Orchard Park	State NY Zip Code 14127-1464	
Purpose of Disbursement Political Strategy Consulting	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) c. Alyssa Wieting		Date of Disbursement MM / DD / YYYY 07 / 21 / 2014
Mailing Address 3254 Paty Dr		Amount of Each Disbursement this Period 160.00 Transaction ID : VN7PG9SQ8K3
City Honolulu	State HI Zip Code 96822-1438	
Purpose of Disbursement GOTV Consulting	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:		

SUBTOTAL of Disbursements This Page (optional).....	6760.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Alyssa Wieting			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 3254 Paty Dr			Amount of Each Disbursement this Period 90.00	
City Honolulu	State HI	Zip Code 96822-1438	Transaction ID : VN7PG9SQVP7	
Purpose of Disbursement GOTV Consulting		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. Alyssa Wieting			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 3254 Paty Dr			Amount of Each Disbursement this Period 450.00	
City Honolulu	State HI	Zip Code 96822-1438	Transaction ID : VN7PG9T7KM2	
Purpose of Disbursement GOTV Consulting		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) C.			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				
Candidate Name			Category/ Type	
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:				

SUBTOTAL of Disbursements This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	94867.63

**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 70 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Alex Berenberg		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 46-143 Nahiku Pl		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9T8F29
City Kaneohe State HI Zip Code 96744-3625	Purpose of Disbursement Refund of General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Beth Chang		Date of Disbursement MM / DD / YYYY 08 / 04 / 2014
Mailing Address 1457 Pueo St		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7PG9SQVG9
City Honolulu State HI Zip Code 96816-5301	Purpose of Disbursement Refund of 2/28/14 Primary Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input checked="" 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) c. Ivan Chen		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 125 W 31st St Apt 51A		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9T8798
City New York State NY Zip Code 10001-3432	Purpose of Disbursement Refund of General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Mark Egerman		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 156 Prince St Apt 2A		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9T8780
City New York	State NY	
Zip Code 10012-5319	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Justin Fung		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 2 Washington Square Vlg Apt 2I		Amount of Each Disbursement this Period 2500.00 Transaction ID : VN7PG9T7MA6
City New York	State NY	
Zip Code 10012-1702	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Linda Louie		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 4460 Kilauea Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9T8772
City Honolulu	State HI	
Zip Code 96816-5115	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 75			
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Evan Lushing		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 105 W 29th St		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9T87A6
City New York	State NY	
Zip Code 10001-5397	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jinha Park		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 5825 Lincoln Ave Ste D330		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7PG9T87B4
City Buena Park	State CA	
Zip Code 90620-3463	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. J.Y. Ping Song		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 424 W 54th St		Amount of Each Disbursement this Period 2600.00 Transaction ID : VN7PG9T87D0
City New York	State NY	
Zip Code 10019-4406	Purpose of Disbursement Refund of General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 75	
	<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)
Stanley Chang for Congress

Full Name (Last, First, Middle Initial) A. Tin Myaing Thein		Date of Disbursement MM / DD / YYYY 07 / 29 / 2014
Mailing Address 683 Kaumakani St		Amount of Each Disbursement this Period 2500.00 Transaction ID : VN7PG9T87C2
City Honolulu	State HI Zip Code 96825-1827	
Purpose of Disbursement Refund of General Election Contribution	Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) 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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		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	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	21600.00

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

NAME OF COMMITTEE (In Full) **Stanley Chang for Congress** Transaction ID : VN8NRCTPQA4L

LOAN SOURCE Full Name (Last, First, Middle Initial) Stanley Chang	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 637 Ulumaika St		

City	State	ZIP Code
Honolulu	HI	96816-5203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37000.00	0.00	37000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 17 / Y 2014 Y	M M / D D / Y none Y Y	none % (apr)	<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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="37000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" 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.	

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Stanley Chang for Congress** Transaction ID : VN8NRCVJHY9L

LOAN SOURCE Full Name (Last, First, Middle Initial) Stanley Chang	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 637 Ulumaika St	

City	State	ZIP Code
Honolulu	HI	96816-5203

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 31 / Y 2014 Y	M M / D D / Y none Y Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	3000.00
TOTALS This Period (last page in this line only).....	40000.00

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