

# 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  
Alan Lowenthal For Congress

ADDRESS (number and street) 6380 Wilshire Blvd., #1612  
 Check if different than previously reported. (ACC) Los Angeles CA 90048

2. **FEC IDENTIFICATION NUMBER** C C00498212 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
CA 47

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 06 / 03 / 2014 in the State of CA  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on   /   /   in the State of  

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Jane Leiderman  
Signature of Treasurer Jane Leiderman *[Electronically Filed]* Date 05 / 22 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Alan Lowenthal For Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	13697.57	558589.03
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	4000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13697.57	554589.03
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	17884.59	356240.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3286.55
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17884.59	352953.89
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	327011.06	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**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

**Alan Lowenthal For Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 14 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6527.57	0.00
(ii) Unitemized.....	1070.00	0.00
(iii) TOTAL of contributions from individuals ▶	7597.57	258434.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6100.00	300154.59
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13697.57	558589.03
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	3286.55
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	3090.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	13697.57	564965.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17884.59	356240.44
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 .....	0.00	4000.00
(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)).....	0.00	4000.00
21. OTHER DISBURSEMENTS .....	2525.00	67573.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	20409.59	427813.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	333723.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13697.57
25. SUBTOTAL (add Line 23 and Line 24).....	347420.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20409.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	327011.06

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

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

FOR LINE NUMBER: PAGE 5 OF 23  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Alan Lowenthal For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara S. Ellis**

Mailing Address 450 103 Kakkis Dr.

City Long Beach State CA Zip Code 90803

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 11AI-5058**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Diane M. Fike**

Mailing Address 460 Linares Ave.

City Long Beach State CA Zip Code 90803

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 11AI-5048**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kristi Fischer**

Mailing Address 361 Calle Marseille

City Long Beach State CA Zip Code 90814

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

Name of Employer Kristi Fischer Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 11AI-5056**

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 6 OF 23
	<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)  
**Alan Lowenthal For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur M. Levine**

Mailing Address 5628 Azure Way

City Long Beach State CA Zip Code 90803

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

Name of Employer CSULB Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 11AI-5050**

Amount of Each Receipt this Period  
 250.00

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ann D. Moskowitz**

Mailing Address 224 Goldenrod Ave.

City Corona Del Mar State CA Zip Code 92625

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 11AI-5047**

Amount of Each Receipt this Period  
 2600.00

4600.00

**C.** Full Name (Last, First, Middle Initial)  
**Arlene Solomon**

Mailing Address 5501 E. El Cedral St.

City Long Beach State CA Zip Code 90815

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : 11AI-5049**

Amount of Each Receipt this Period  
 250.00

1400.00

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<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)  
**Alan Lowenthal For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bill Underwood**

Mailing Address 103 Ravers Dr

City State Zip Code  
Long Beach CA 90803

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

Name of Employer Occupation  
n/a Info requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : 11AI-5067**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**R.Tina Vince**

Mailing Address 308 Prospect Ave.

City State Zip Code  
Long Beach CA 90814

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

Name of Employer Occupation  
R.Tina Vince Therapist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : 11AI-5065**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph L. White**

Mailing Address 15 Windwood

City State Zip Code  
Irvine CA 92604

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : 11AI-5053**

Amount of Each Receipt this Period  
100.00

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

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

400.00

**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 23
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2014
Mailing Address 14 Arrow St.		<b>Transaction ID : 11AI-5070-P</b>
City Cambridge	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.57
Name of Employer	Occupation	No partner reaches disclosure threshold.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 27599.00	

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2014
Mailing Address 14 Arrow St.		<b>Transaction ID : 11AI-5071-P</b>
City Cambridge	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1775.00
Name of Employer	Occupation	See attribution below.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 27599.00	

Full Name (Last, First, Middle Initial) <b>Betsy Cheek</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2014
Mailing Address 400 W Ocean Blve, #1503		<b>Transaction ID : 11AI-5035-PA</b>
City Long Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Betsy Cheek	Occupation Businessperson	<b>[MEMO ITEM]</b> Partnership Attribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1829.57
<b>TOTAL</b> This Period (last page this line number only).....	



**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 23
	<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)  
**Alan Lowenthal For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Darlene L. Little**

Mailing Address 9882 Spruce Ct.

City Cypress State CA Zip Code 90630

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

Name of Employer Cypress College 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  
**04 / 11 / 2014**

**Transaction ID : 11AI-5033-PA**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
Partnership Attribution

**B.** Full Name (Last, First, Middle Initial)  
**Ronald Nelson**

Mailing Address 2323 Canehill Ave

City Long Beach State CA Zip Code 90815-2259

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

Name of Employer City Of Los Angeles Occupation Retired Sr. Mgt Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 13 / 2014**

**Transaction ID : 11AI-5036-PA**

Amount of Each Receipt this Period  
**25.00**

**[MEMO ITEM]**  
Partnership Attribution

**C.** Full Name (Last, First, Middle Initial)  
**Bill Weber**

Mailing Address 551 Milton Ct., #101

City Long Beach State CA Zip Code 90803

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

Name of Employer n/a Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 09 / 2014**

**Transaction ID : 11AI-5034-PA**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**  
Partnership Attribution

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

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

**0.00**

**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 23
	<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)  
**Alan Lowenthal For Congress**

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

Mailing Address 14 Arrow St.

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
27599.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2014

**Transaction ID : 11AI-5072-P**

Amount of Each Receipt this Period  
350.00

See attribution below.

**B.** Full Name (Last, First, Middle Initial)  
**Craig Nulle**

Mailing Address 12101 Ddale Ave, #3

City State Zip Code  
Stanton CA 90680

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

Name of Employer Occupation  
Internal Revenue Services Revenue Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2014

**Transaction ID : 11AI-5037-PA**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Partnership Attribution

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

Mailing Address 14 Arrow St.

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
27599.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2014

**Transaction ID : 11AI-5073-P**

Amount of Each Receipt this Period  
127.00

No partner reaches disclosure threshold.

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

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

477.00

**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 23
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 04 / 2014
Mailing Address 14 Arrow St.		<b>Transaction ID : 11AI-5074-P</b>
City Cambridge	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer	Occupation	No partner reaches disclosure threshold.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 27599.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21.00
<b>TOTAL</b> This Period (last page this line number only).....	6527.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<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)  
**Alan Lowenthal For Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Boilermakers Blacksmith Legislative Education Action Program**

Mailing Address 753 State Ave., #565

City Kansas City      State KS      Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00040949

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  
 04 / 25 / 2014

**Transaction ID : 11C-5026**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 4000.00

**B. Full Name (Last, First, Middle Initial)**  
**Democratic Club of West Orange County Federal**

Mailing Address PO Box 20036

City Fountain Valley      State CA      Zip Code 90728

FEC ID number of contributing federal political committee. **C** C00444117

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  
 05 / 14 / 2014

**Transaction ID : 11C-5051**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 100.00

**C. Full Name (Last, First, Middle Initial)**  
**Int'l Union of Operating Engineers Local 12**

Mailing Address 150 E. Corson St.

City Pasadena      State CA      Zip Code 91103

FEC ID number of contributing federal political committee. **C** C00219568

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  
 05 / 14 / 2014

**Transaction ID : 11C-5046**

Amount of Each Receipt this Period  
 5000.00

Amount of Each Receipt this Period  
 7500.00

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

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

6100.00

6100.00

**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 13 OF 23	
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : 17-1525</b>
City Atlanta	State GA	
Zip Code 30353-7104	Purpose of Disbursement Telephone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 135.80 <b>Transaction ID : 17-1580</b>
City Atlanta	State GA	
Zip Code 30353-7104	Purpose of Disbursement Telephone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2014
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 2.17 <b>Transaction ID : 17-1592</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Cr.Card Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23			
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2014
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 70.12
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Cr.Card Processing Fee	<b>Transaction ID : 17-1593</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2014
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 13.84
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Cr.Card Processing Fee	<b>Transaction ID : 17-1594</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2014
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 5.02
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Cr.Card Processing Fee	<b>Transaction ID : 17-1595</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	88.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23			
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2014
Mailing Address 14 Arrow St.		Amount of Each Disbursement this Period 0.84 <b>Transaction ID : 17-1596</b>
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Cr.Card Processing Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Buchert Development LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 1600 Redondo Ave., #4		Amount of Each Disbursement this Period 348.00 <b>Transaction ID : 17-1535</b>
City Long Beach	State CA	
Zip Code 90804	Purpose of Disbursement Fundraising Management Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Genelle Buchert</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 1600 Redondo Ave., #4		Amount of Each Disbursement this Period 848.31 <b>Transaction ID : 17-1536</b>
City Long Beach	State CA	
Zip Code 90804	Purpose of Disbursement Copies,Food for Volunteers,Postage,Flowers,Party Supplies	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1197.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. CA Bank &amp; Trust</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014		
Mailing Address 550 S. Hope St.			Amount of Each Disbursement this Period 114.27		
City Los Angeles	State CA	Zip Code 90071	Transaction ID : 17-1597		
Purpose of Disbursement Cr.Card Processing Fee		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. CSULB Research Foundation</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014		
Mailing Address 6300 State University Dr., #332			Amount of Each Disbursement this Period 250.00		
City Long Beach	State CA	Zip Code 90815	Transaction ID : 17-1528		
Purpose of Disbursement Ad		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014		
Mailing Address P.O. Box 7221			Amount of Each Disbursement this Period 40.86		
City Pasadena	State CA	Zip Code 91109-7321	Transaction ID : 17-1585		
Purpose of Disbursement Shipping		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	405.13
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23			
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. Kieloch Consulting Inc.</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2014		
Mailing Address 228 2nd St., SE			Amount of Each Disbursement this Period 4000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : 17-1526		
Purpose of Disbursement Fundraising Management Fee		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

Full Name (Last, First, Middle Initial) <b>B. Kieloch Consulting Inc.</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2014		
Mailing Address 228 2nd St., SE			Amount of Each Disbursement this Period 4000.00		
City Washington	State DC	Zip Code 20003	Transaction ID : 17-1579		
Purpose of Disbursement Fundraising Management Fee		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

Full Name (Last, First, Middle Initial) <b>c. Nguoi Viet News</b>			Date of Disbursement MM / DD / YYYY 05 / 13 / 2014		
Mailing Address 14771 Moran St.			Amount of Each Disbursement this Period 90.00		
City Westminster	State CA	Zip Code 92683	Transaction ID : 17-1586		
Purpose of Disbursement Ad		004 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8090.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23			
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. Padilla &amp; Associates</b>			Date of Disbursement MM / DD / YYYY 04 / 08 / 2014		
Mailing Address 6380 Wilshire Blvd., #1612			Amount of Each Disbursement this Period 1500.00		
City Los Angeles	State CA	Zip Code 90048	Transaction ID : 17-1537		
Purpose of Disbursement Accounting Fee		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Padilla &amp; Associates</b>			Date of Disbursement MM / DD / YYYY 05 / 05 / 2014		
Mailing Address 6380 Wilshire Blvd., #1612			Amount of Each Disbursement this Period 1500.00		
City Los Angeles	State CA	Zip Code 90048	Transaction ID : 17-1583		
Purpose of Disbursement Accounting Fee		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Salsa Labs, Inc.</b>			Date of Disbursement MM / DD / YYYY 04 / 11 / 2014		
Mailing Address P.O. Box 674533			Amount of Each Disbursement this Period 1050.00		
City Detroit	State MI	Zip Code 48267-4533	Transaction ID : 17-1540		
Purpose of Disbursement Web Support Fee		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 23			
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. Statecraft, Inc.</b>			Date of Disbursement MM / DD / YYYY 04 / 08 / 2014	
Mailing Address 8618 Nottingham Place			Amount of Each Disbursement this Period 222.00	
City La Jolla	State CA	Zip Code 92307	Transaction ID : 17-1538	
Purpose of Disbursement Licensing Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Statecraft, Inc.</b>			Date of Disbursement MM / DD / YYYY 05 / 05 / 2014	
Mailing Address 8618 Nottingham Place			Amount of Each Disbursement this Period 222.00	
City La Jolla	State CA	Zip Code 92307	Transaction ID : 17-1584	
Purpose of Disbursement Licensing Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. The Harman Press</b>			Date of Disbursement MM / DD / YYYY 04 / 11 / 2014	
Mailing Address 6840 Vineland Ave.			Amount of Each Disbursement this Period 2032.85	
City North Hollywood	State CA	Zip Code 91605	Transaction ID : 17-1539	
Purpose of Disbursement Printing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2282.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 23	
	<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)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address P.O. Box 301200		Amount of Each Disbursement this Period 1231.91
City Los Angeles	State CA	
Zip Code 90030-1200	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : 17-839-W</b>
Candidate Name	002 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)	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1231.91
<b>TOTAL</b> This Period (last page this line number only).....	17604.59

**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 21 OF 23
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. Johnson for City Attorney 2014</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 525 E. Seaside Way., #101		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : 21-1581</b>
City Long Beach	State CA	
Zip Code 90802	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name <b>James Johnson</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Torlakson for Superintendent of Public Instruction 2014</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 5429 Madison Ave.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 21-1582</b>
City Sacramento	State CA	
Zip Code 95841	Purpose of Disbursement Political Contribution	Category/ Type 011
Candidate Name <b>Tom Torlakson</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Khmer Girls in Action</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1355 Redondo Ave., #9		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : 21-1576</b>
City Long Beach	State CA	
Zip Code 90804	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Alan Lowenthal For Congress**

Full Name (Last, First, Middle Initial) <b>A. Pacific Baptist Church</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 3332 Magnolia		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : 21-1577</b>
City Long Beach	State CA	
Zip Code 90806	Purpose of Disbursement Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Committee to Preserve a Responsible Judiciary</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1111 No. Broadway		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 21-1587</b>
City Santa Ana	State CA	
Zip Code 92701	Purpose of Disbursement Contribution	Category/ Type 012
Candidate Name <b>The Committee to Preserve a Responsible Judiciary</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Signal Tribune</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 939 E. 27th St.		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : 21-1527</b>
City Signal Hill	State CA	
Zip Code 90755	Purpose of Disbursement 90th Anniversary Banner	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	875.00
<b>TOTAL</b> This Period (last page this line number only).....	2525.00

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Alan Lowenthal For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bank of America</b>		Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address P.O. Box 301200		
City State	Zip Code	
Los Angeles	CA 90030-1200	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-67-W</b>	
<input type="text" value="1231.91"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1231.91"/>	<input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>