

**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

Veronica For Congress

ADDRESS (number and street)

1835 University Ave., #D

Check if different
than previously
reported. (ACC)

Riverside

CA

92507

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00555037

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
06 / 03 / 2014in the
State of

CA

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nadadur Vardhan

Signature of Treasurer

Nadadur Vardhan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 30 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 15

Write or Type Committee Name

Veronica For Congress

Report Covering the Period:

From:

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

To:

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 9001.00 | 18321.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 9001.00 | 18321.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 11806.74 | 19531.34 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 11806.74 | 19531.34 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1065.77 | |
| 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) | 2800.03 | |

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

PAGE 3 / 15

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Veronica For Congress

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

9001.00

18211.00

(ii) Unitemized.....

0.00

110.00

(iii) TOTAL of contributions from individuals ▶

9001.00

18321.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

9001.00

18321.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

0.00

0.00

(b) All Other Loans.....

2200.00

2300.03

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

2200.00

2300.03

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.18

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

11201.00

20621.21

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 15

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 11806.74 | 19531.34 |
| 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 | 0.00 |
| (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 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 24.10 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 11806.74 | 19555.44 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1671.51 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 11201.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 12872.51 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 11806.74 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1065.77 |

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 15

(check only one)

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

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NAME OF COMMITTEE (In Full)
Veronica For Congress

Full Name (Last, First, Middle Initial)

Jennifer Carrillo

Mailing Address 18897 Malkoha Street

City

Perris

State

CA

Zip Code

92570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jennifer Carrillo

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2001.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 07 | | 2014 |

Transaction ID : INCA34

Amount of Each Receipt this Period

2001.00

Full Name (Last, First, Middle Initial)

Wayne Goodwin

Mailing Address 12065 Heacock Street

City

Moreno Valley

State

CA

Zip Code

92557-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Goodwin

Occupation

Tax & Bookkeeper

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1950.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 14 | | 2014 |

Transaction ID : INCA50

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

Wayne Goodwin

Mailing Address 12065 Heacock Street

City

Moreno Valley

State

CA

Zip Code

92557-7102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne Goodwin

Occupation

Tax & Bookkeeper

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1950.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 14 | | 2014 |

Transaction ID : INCA49

Amount of Each Receipt this Period

975.00

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

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

3951.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 15

(check only one)

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

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NAME OF COMMITTEE (In Full)
Veronica For Congress

A. Full Name (Last, First, Middle Initial)
R H Parvathamma Setty

Mailing Address 1523 Heirloom Ave.

| | | |
|----------------|-------------|-------------------|
| City Perris | State CA | Zip Code 92571 |
|----------------|-------------|-------------------|

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
 1740.00

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 04 / 23 / 2014 |

Transaction ID : INCA33

Amount of Each Receipt this Period

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

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

Mailing Address 6907 Sandtrack Rd.

| | | |
|-------------------|-------------|-------------------|
| City Riverside | State CA | Zip Code 92506 |
|-------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Sunita B. Patil, M.D | Occupation Physician |
|--|-------------------------|

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2200.00

Date of Receipt

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

Transaction ID : INCA32

Amount of Each Receipt this Period

| |
|---------|
| 2200.00 |
|---------|

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

Mailing Address 2316 Hill Street

| | | |
|----------------------|-------------|-------------------|
| City Santa Monica | State CA | Zip Code 90405 |
|----------------------|-------------|-------------------|

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

| | |
|---------------------------------------|-------------------------|
| Name of Employer Kaiser Permanente | Occupation Physician |
|---------------------------------------|-------------------------|

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2100.00

Date of Receipt

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 05 / 04 / 2014 |

Transaction ID : INCA51

Amount of Each Receipt this Period

| |
|---------|
| 2100.00 |
|---------|

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

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

| |
|---------|
| 5050.00 |
| 9001.00 |

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 15

| | | | | |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| <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)
Veronica For Congress

A. Full Name (Last, First, Middle Initial)
Veronica Franco
Mailing Address 18897 Malkoha Street

City State Zip Code
Perris CA 92570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campus Dental Group

Occupation
Administrator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2300.03

Date of Receipt

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

Transaction ID : PAYA36

Amount of Each Receipt this Period

2200.00

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

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

Amount of Each Receipt this Period

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

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

2200.00

2200.00

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

PAGE 8 OF 15

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

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NAME OF COMMITTEE (In Full)

Veronica For Congress

Full Name (Last, First, Middle Initial)

A. Altek Media

Mailing Address 1960 Chicago Ave.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
TV Productions

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 248.40 |
|--------|

Transaction ID : EXPB1

B. Altek Media

Mailing Address 1960 Chicago Ave.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
TV Production

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 06 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 300.00 |
|--------|

Transaction ID : EXPB37

C. Altek Media

Mailing Address 1960 Chicago Ave.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
TV Production

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 18 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 399.99 |
|--------|

Transaction ID : EXPB39

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

948.39

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

PAGE 9 OF 15

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

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NAME OF COMMITTEE (In Full)

Veronica For Congress

Full Name (Last, First, Middle Initial)

A. COGS Signs

Mailing Address 3309 S. Main Street

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Santa Ana | CA | 92707 |

Purpose of Disbursement
Yard Signs

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 22 | | 2014 |

Amount of Each Disbursement this Period

| |
|---------|
| 2200.00 |
|---------|

Transaction ID : EXPB43

B. County of Riverside Registrar

Mailing Address 2724 Gateway Dr.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
Copies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 21 | | 2014 |

Amount of Each Disbursement this Period

| |
|-------|
| 35.00 |
|-------|

Transaction ID : EXPB53

c. County of Riverside Registrar

Mailing Address 2724 Gateway Dr.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
Filing fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 600.00 |
|--------|

Transaction ID : EXPB45

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

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

2835.00

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

PAGE 10 OF 15

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

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NAME OF COMMITTEE (In Full)

Veronica For Congress

Full Name (Last, First, Middle Initial)

A. The Winery at Canyon Crest

Mailing Address 5225 Canyon Crest Dr #7a

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 07 | | 2014 |

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Purpose of Disbursement
5/07/14 Meeting

003

Transaction ID : EXPB47

Candidate Name

Category/
Type

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. Time Warner Media

Mailing Address 6021 Katella Ave.

Date of Disbursement

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

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Cypress | CA | 90630 |

Amount of Each Disbursement this Period

| |
|--------|
| 307.00 |
|--------|

Purpose of Disbursement
TV Production

004

Transaction ID : EXPB52

Candidate Name

Category/
Type

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. Time Warner Media

Mailing Address 6021 Katella Ave.

Date of Disbursement

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

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Cypress | CA | 90630 |

Amount of Each Disbursement this Period

| |
|--------|
| 307.55 |
|--------|

Purpose of Disbursement
TV Productions

004

Transaction ID : EXPB41

Candidate Name

Category/
Type

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).....

814.55

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 PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

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

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)

Veronica For Congress

Full Name (Last, First, Middle Initial)

A. Time Warner Media

Mailing Address 6021 Katella Ave.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Cypress | CA | 90630 |

Purpose of Disbursement
TV Productions

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 17 | | 2014 |

Amount of Each Disbursement this Period

1548.70

Transaction ID : EXPB38

B. Time Warner Media

Mailing Address 6021 Katella Ave.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Cypress | CA | 90630 |

Purpose of Disbursement
TV Productions

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 21 | | 2014 |

Amount of Each Disbursement this Period

511.70

Transaction ID : EXPB40

C. Time Warner Media

Mailing Address 6021 Katella Ave.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Cypress | CA | 90630 |

Purpose of Disbursement
TV Productions

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

1961.80

Transaction ID : EXPB44

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

4022.20

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 PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

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

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NAME OF COMMITTEE (In Full)

Veronica For Congress

Full Name (Last, First, Middle Initial)

A. Time Warner Media

Mailing Address 6021 Katella Ave.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Cypress | CA | 90630 |

Purpose of Disbursement
TV Productions

004

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05 | | 14 | | 2014 |

Amount of Each Disbursement this Period

1438.20

Transaction ID : EXPB46

B. VE Signs, Inc.

Mailing Address 18600 Van Buren Blvd.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
Business Cards

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

248.40

Transaction ID : EXPB22

c. Vison Copy & Print

Mailing Address 1450 University Ave.

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Riverside | CA | 92507 |

Purpose of Disbursement
Printing

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 30 | | 2014 |

Amount of Each Disbursement this Period

1500.00

Transaction ID : EXPB42

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

3186.60

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

11806.74

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 15

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

Transaction ID : PAYC16

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

Veronica Franco

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18897 Malkoha Street

City

State

ZIP Code

Perris

CA

92570

Original Amount of Loan

100.03

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.03

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 29 / 2014

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.03

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 15

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

Transaction ID : PAYC36

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

Veronica Franco

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18897 Malkoha Street

City

State

ZIP Code

Perris

CA

92570

Original Amount of Loan

2200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2200.00

TERMS

Date Incurred

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

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2200.00

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

2300.03

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

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

NAME OF COMMITTEE (In Full)

Veronica For Congress

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

VE Signs, Inc.

Nature of Debt (Purpose):

Business Cards

Mailing Address 18600 Van Buren Blvd.

City State

Zip Code

Riverside

CA

92507

Outstanding Balance Beginning This Period

248.40

Transaction ID : PAYD21

Amount Incurred This Period

0.00

Payment This Period

248.40

Outstanding Balance at Close of This Period

0.00

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

Yolanda Miranda and Associates, Inc.

Nature of Debt (Purpose):

Reporting services

Mailing Address 728 W. Edna Place

City State

Zip Code

Covina

CA

91722

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD54

Amount Incurred This Period

500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

500.00

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

500.00

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

2300.03

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

2800.03