

# 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

Norma Torres for Congress

ADDRESS (number and street) ▼

728 W. Edna Place

Check if different than previously reported. (ACC)

Covina

CA

91722

2. **FEC IDENTIFICATION NUMBER** ▼

C C00557652

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CA

35

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  
01 / 01 / 2014

through

M M / D D / Y Y Y Y  
03 / 31 / 2014

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

Type or Print Name of Treasurer Yolanda Miranda

Signature of Treasurer Yolanda Miranda

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
04 / 14 / 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

**Norma Torres for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 47162.26                | 47162.26                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 47162.26                | 47162.26                           |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 13995.67                | 13995.67                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 13995.67                | 13995.67                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 33166.59                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 3500.00                 |                                    |

**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

**Norma Torres for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 8800.00                               | 8800.00                                    |
| (ii) Unitemized.....   | 612.26                                | 612.26                                     |
| (iii) TOTAL of contributions from individuals ▶  | 9412.26                               | 9412.26                                    |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 37750.00                              | 37750.00                                   |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 47162.26                              | 47162.26                                   |
| <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.....   | 1000.00                               | 1000.00                                    |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 1000.00                               | 1000.00                                    |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 0.00                                       |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 0.00                                       |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 48162.26                              | 48162.26                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 13995.67                      | 13995.67                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 1000.00                       | 1000.00                            |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 1000.00                       | 1000.00                            |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 14995.67                      | 14995.67                           |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00     |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 48162.26 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 48162.26 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 14995.67 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 33166.59 |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 5 OF 22 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mukesh S. Amin**

Mailing Address 914 W. Foothill Blvd. Suite B

City Upland State CA Zip Code 91786-3785

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

Name of Employer Amin & Singh: Amin Mukesh S MD Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : INCA26**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Barona Band Of Mission Indians**

Mailing Address 1095 Barona Rd.

City Lakeside State CA Zip Code 92040

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : INCA29**

Amount of Each Receipt this Period  
2600.00

Permissible Funds

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

Mailing Address 19 Mott Dr.

City Alamo State CA Zip Code 94507-1713

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

Name of Employer State of California Occupation Assemblymember

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2014

**Transaction ID : IDTA2**

Amount of Each Receipt this Period  
1000.00

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

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

5600.00

**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 22 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1917.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : INCA5IDTA2**

Amount of Each Receipt this Period  
1000.00

Conduit - Some contributions under \$100

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**James M. Lally**

Mailing Address 2496 Sierra Dr.

City Upland State CA Zip Code 91784-1182

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

Name of Employer Occupation  
Chino Valley Physicians Management, Inc Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : INCA7**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2165 Murieta Way

City Sacramento State CA Zip Code 95822

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

Name of Employer Occupation  
State of California Government Employee

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : IDTA5**

Amount of Each Receipt this Period  
500.00

**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 22 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1917.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : INCA5IDTA5**

Amount of Each Receipt this Period  
500.00

Conduit - Some contributions under \$100

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Torres**

Mailing Address 501 Brookside

City Pomona State CA Zip Code 91768

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

Name of Employer Occupation  
Assembly Rules Committee District Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : IDTA6**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144-3132

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1917.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : INCA5IDTA6**

Amount of Each Receipt this Period  
100.00

Conduit - Some contributions under \$100

**[MEMO ITEM]**

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

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

100.00

8800.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 8 OF 22 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bocanegra for Assembly 2014**

Mailing Address 1787 Tribute Rd., Ste. K

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Sacramento | State<br>CA | Zip Code<br>95815 |
|--------------------|-------------|-------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : INCA21**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC Bold PAC)**

Mailing Address P.O. Box 70980

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20024 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00365536

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : INCA42**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CULAC PAC of Credit Union National Assn.**

Mailing Address 601 Pennsylvania Ave. NW So. Bldg.

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20004 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00007880

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : INCA41**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

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

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

\_\_\_\_\_ 8000.00

\_\_\_\_\_

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA21

Permissible Funds

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 10 OF 22 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

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

Mailing Address 50 E Street, SE, Ste. 1

City Washington State DC Zip Code 20003-2620

FEC ID number of contributing federal political committee. **C C00423079**

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  
 03 / 10 / 2014

**Transaction ID : INCA12**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Emily's List Federal Fund**

Mailing Address 1800 M Street, NW, Suite 375 N

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00193433**

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  
 03 / 28 / 2014

**Transaction ID : INCA58**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Farmers Insurance PAC (Multi-Candidate Committee)**

Mailing Address 2350 Kerner Blvd., Ste. 250

City San Rafael State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C C00135681**

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  
 03 / 28 / 2014

**Transaction ID : INCA27**

Amount of Each Receipt this Period  
 2500.00

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

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

8500.00

**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 22  |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Garcia for Assembly 2014**

Mailing Address 3605 Long Beach Blvd., Ste. 426

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Long Beach | State<br>CA | Zip Code<br>90807 |
|--------------------|-------------|-------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 03  | / | 2014    |

**Transaction ID : INCA4**

Amount of Each Receipt this Period  
500.00

Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**Leadership for Today and Tomorrow**

Mailing Address 700 13th Street, NW, Suite 600

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20005 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00299149

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 31  | / | 2014    |

**Transaction ID : INCA43**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Leading Orange County PAC**

Mailing Address P.O. Box 6037

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Santa Ana | State<br>CA | Zip Code<br>92706 |
|-------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00345124

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 31  | / | 2014    |

**Transaction ID : INCA46**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 12 OF 22 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lorena Gonzalez for Assembly 2014**

Mailing Address 330 Encinitas Blvd., Suite 101

City Encinitas State CA Zip Code 92024

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : INCA18**

Amount of Each Receipt this Period  
1000.00

Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address 124 Washington Street, Ste. 101

City Foxboro State MA Zip Code 02035

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : INCA37**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address 124 Washington Street, Ste. 101

City Foxboro State MA Zip Code 02035

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : INCA38**

Amount of Each Receipt this Period  
5000.00

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

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

11000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 13 OF 22 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

A. Full Name (Last, First, Middle Initial)  
**Pace of California School Employees Assn. Local, State, Federal Candidates**

Mailing Address **555 Capitol Mall, Suite 1425**

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Sacramento | CA    | 95814    |

FEC ID number of contributing federal political committee. **C C00480830**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 28  |   | 2014    |

**Transaction ID : INCA36**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

B. Full Name (Last, First, Middle Initial)  
**Rodriguez for Assembly 2014**

Mailing Address **728 W. Edna Place**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 07  |   | 2014    |

**Transaction ID : INCA10**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

C. Full Name (Last, First, Middle Initial)  
**Saleh for City Council 2015**

Mailing Address **P.O. Box 215**

|      |       |            |
|------|-------|------------|
| City | State | Zip Code   |
| Bell | CA    | 90201-0215 |

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 750.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  |   | 07  |   | 2014    |

**Transaction ID : INCA11**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

Permissible Funds

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

\_\_\_\_\_ 3750.00

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

\_\_\_\_\_

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA10

Permissible Funds

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 15 OF 22                      |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|   |                                     | <input type="checkbox"/> 15                    |                                    |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tony Cardenas for Congress**

Mailing Address 3700 Wilshire Blvd., Ste. 1050B

City Los Angeles State CA Zip Code 90010

FEC ID number of contributing federal political committee. **C** C00498873

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  
 03 / 31 / 2014

**Transaction ID : INCA45**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Torres for Senate 2014**

Mailing Address 728 W. Edna Place

City Covina State CA Zip Code 91722

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

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  
 02 / 27 / 2014

**Transaction ID : INCA1**

Amount of Each Receipt this Period  
 1000.00

Permissible Funds

**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

37750.00

**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 22 |
|   | <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)  
**Norma Torres for Congress**

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

Mailing Address 501 Brookside

City Pomona State CA Zip Code 91768

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

Name of Employer Assembly Rules Committee Occupation District Director

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : PAYA15**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1100.00

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

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

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. COPS Voter Guide</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 20 / 2014</b>                        |
| Mailing Address <b>705-2 E. Bidwell Street #370</b>                   |   | Amount of Each Disbursement this Period<br><b>1198.00</b><br><b>Transaction ID : EXPB25</b> |
| City <b>Folsom</b> State <b>CA</b> Zip Code <b>95630</b>              | Purpose of Disbursement<br><b>Slate Mailers</b> Category/Type <b>006</b>  |   |
| Candidate Name<br><b>COPS Voter Guide</b>                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President      |   |
| Disbursement For: <b>2014</b>   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: _____ District: _____  |   |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Register of Voters San Bernardino</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 07 / 2014</b>                       |
| Mailing Address <b>777 E. Rialto Ave.</b>  |   | Amount of Each Disbursement this Period<br><b>6940.00</b><br><b>Transaction ID : EXPB8</b> |
| City <b>San Bernardino</b> State <b>CA</b> Zip Code <b>92415</b>                       | Purpose of Disbursement<br><b>Filing fee</b> Category/Type <b>001</b>   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President      |  |
| Disbursement For: <b>2014</b>  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: _____ District: _____   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Registrar Recorder of L.A. County</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 07 / 2014</b>                       |
| Mailing Address <b>12400 Imperial Hwy.</b>   |   | Amount of Each Disbursement this Period<br><b>2400.00</b><br><b>Transaction ID : EXPB9</b> |
| City <b>Norwalk</b> State <b>CA</b> Zip Code <b>90650</b>                              | Purpose of Disbursement<br><b>Filing fee</b> Category/Type <b>001</b>   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President      |  |
| Disbursement For: <b>2014</b>  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: _____ District: _____   |   |  |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>10538.00</b> |
| <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:<br>(check only one)  | PAGE 18 OF 22 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Norma Torres</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 1320 Hillcrest Drive   |  | Amount of Each Disbursement this Period<br>3376.84            |
| City Pomona State CA Zip Code 91768  | Purpose of Disbursement Reimbursement for filing fee and travel expenses   |   |
| Candidate Name   | Category/Type<br>001   | Transaction ID : EXPB39                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hyatt Regency Washington DC</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 400 New Jersey Ave. NW   |  | Amount of Each Disbursement this Period<br>1166.16            |
| City Washington State DC Zip Code 20001  | Purpose of Disbursement 3/9-3/12/14 Candidate trip to Washington DC  |   |
| Candidate Name   | Category/Type<br>002   | Transaction ID : EDTB2EXPB39                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  | [MEMO ITEM]   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Secretary of State</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address 1500 11th Street, Room 495   |  | Amount of Each Disbursement this Period<br>1678.52            |
| City Sacramento State CA Zip Code 95814  | Purpose of Disbursement Filing fee   |   |
| Candidate Name   | Category/Type<br>001   | Transaction ID : EDTB1EXPB39                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  | [MEMO ITEM]   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3376.84  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 13914.84 |

**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 22                       |   |
|   | <input type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Norma Torres for Congress**

|  |                         |  |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Torres</b>   |                         | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 13 / 2014</b> |
| Mailing Address 501 Brookside  |                         | Amount of Each Disbursement this Period<br><b>1000.00</b>            |
| City Pomona State CA Zip Code 91768  | Purpose of Disbursement |  |
| Candidate Name   | Category/Type           | <b>Transaction ID : PAYB20</b>                                       |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                         |  |
| State: District:   |                         |  |

|  |                         |   |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |                         | Date of Disbursement<br>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<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                         |   |
| State: District:   |                         |   |

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

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>1000.00</b> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB19B

Transaction ID : PAYB20

Loan repayment

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full) **Norma Torres for Congress** Transaction ID : **PAYC15**

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

Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
501 Brookside

City State ZIP Code  
Pomona CA 91768

|                                    |                                       |   |
|------------------------------------|---------------------------------------|---|
| Original Amount of Loan<br>1000.00 | Cumulative Payment To Date<br>1000.00 | Balance Outstanding at Close of This Period<br>0.00 |
|------------------------------------|---------------------------------------|---|

**TERMS**

Date Incurred: M 03 / D 11 / Y 2014  
Date Due: M / D / 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: [ ] |

|  |          |
|--|----------|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | [ ] 0.00 |
| <b>TOTALS</b> This Period (last page in this line only)..... | [ ] 0.00 |

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Norma Torres for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Marshall Arts Creative Services, Inc.**

Mailing Address 9616 Highland Gorge Drive

City State Zip Code  
Beverly Hills CA 90210

Nature of Debt (Purpose):  
Printing

Outstanding Balance Beginning This Period  **Transaction ID : PAYD44**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

|  |                                      |
|--|--------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | <input type="text" value="3500.00"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | <input type="text" value="3500.00"/> |
| 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="3500.00"/> |