

**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

Mark Reed for Congress

ADDRESS (number and street)

9354 W. Hillrose Street

Check if different
than previously
reported. (ACC)

Shadow Hills

CA

91040

2. FEC IDENTIFICATION NUMBER ▼

C C00462317

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CA

30

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
05 / 15 / 2014

through

M M / D D / Y Y Y Y
06 / 30 / 2014*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Norman Paul Devereaux

Signature of Treasurer

Norman Paul Devereaux

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 16 / 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)

Write or Type Committee Name

Mark Reed for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		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))....	3241.85	4979.75
(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))	3241.85	4979.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	552.43	2152.43
(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))	552.43	2152.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3927.32	
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)	1100.00	

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

Mark Reed for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		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).....**

2794.85

3579.75

(ii) Unitemized.....

447.00

1400.00

(iii) TOTAL of contributions from individuals

3241.85

4979.75

(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))..

3241.85

4979.75

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

0.00

1100.00

(b) All Other Loans.....

0.00

0.00

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

0.00

1100.00

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

0.00

0.00

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

0.00

0.00

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

3241.85

6079.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	552.43	2152.43
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	552.43	2152.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1237.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3241.85
25. SUBTOTAL (add Line 23 and Line 24).....	4479.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	552.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3927.32

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 9

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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)

Mark Reed for Congress

Full Name (Last, First, Middle Initial)

NA NA Anonymous cash contrib. <\$50

Mailing Address None

City

None

State

CA

Zip Code

00000

FEC ID number of contributing
federal political committee.

C

Name of Employer

NA

Occupation

NA

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

499.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

400.00

cash

Full Name (Last, First, Middle Initial)

Celeste Greig

Mailing Address 9124 Crebs Ave.

City

Northridge

State

CA

Zip Code

91324

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

movie industry

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

242.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

242.45

PayPal

Full Name (Last, First, Middle Initial)

Lincoln Clubs Fed PAC

Mailing Address 50 E. Foothill Blvd.

City

Arcadia

State

CA

Zip Code

91006

FEC ID number of contributing
federal political committee.

C C00248658

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

500.00

check

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

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

1142.45

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 9

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mark Reed for Congress

Full Name (Last, First, Middle Initial)

John Marino Jr.

Mailing Address 10427 Haskell Avenue

City

Granada Hills

State

CA

Zip Code

91844

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
film maker

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2014

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

100.00

check

Full Name (Last, First, Middle Initial)

Carl Reed

Mailing Address 11991 Rosemount Dr.

City

Fort Meyers

State

FL

Zip Code

33913

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

485.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

485.20

PayPal

Full Name (Last, First, Middle Initial)

Gerald Reed

Mailing Address 30911 Via Colinas

City

Coto de Caza

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
Insurance broker

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

485.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2014

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

485.20

PayPal

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

1070.40

TOTAL 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:

PAGE 7 OF 9

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mark Reed for Congress

Full Name (Last, First, Middle Initial)

Lawrence Van Kuran

A.

Mailing Address 6378 Jamison Avenue

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
film maker

Receipt For: 2017

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

824.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		14		2014

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

339.55

Paypal

Full Name (Last, First, Middle Initial)

William Van Trump

B.

Mailing Address 23121 Califa St.

City

Woodland Hills

State

CA

Zip Code

91367

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
real estate

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

242.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

242.45

PayPal

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

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).....

582.00

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

2794.85

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

PAGE 9 OF 9

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

Transaction ID : SC/10.4114

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

Mark. Steven Reed Sr.

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

9354 W. Hillrose Street

City

State

ZIP Code

Shadow Hills

CA

91040

Original Amount of Loan

1100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1100.00

TERMS

Date Incurred

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

Date Due

M M / D D / Y Y
on demand

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)..... ►

1100.00

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

1100.00

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