

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect Tim Sheridan to Congress

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

	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))....	3296.67	3296.67
(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)).....	3296.67	3296.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2502.81	2502.81
(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)).....	2502.81	2502.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3910.02	
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).....	960.13	

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

Committee to Elect Tim Sheridan to Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	500.00
(ii) Unitemized.....	1555.00	1555.00
(iii) TOTAL of contributions from individuals ▶	2055.00	2055.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1241.67	1241.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3296.67	3296.67
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.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	3296.67	3296.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2502.81	2502.81
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) ►	2502.81	2502.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3116.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3296.67
25. SUBTOTAL (add Line 23 and Line 24).....	6412.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2502.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3910.02

**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 29
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
Arthur Copleston

Mailing Address 1581 Concha Circle

City State Zip Code
Palm Springs CA 93364

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2013

Transaction ID : SA11Al.4201

Amount of Each Receipt this Period
500.00

Individual Contribution

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 M / D 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 M / D 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).....

500.00

500.00

**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 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **9.20**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11D.4100

Amount of Each Receipt this Period
9.20

In-kind - Postage

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **15.35**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11D.4103

Amount of Each Receipt this Period
6.15

In-kind - Internet Services

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **57.03**

Date of Receipt
 M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : SA11D.4104

Amount of Each Receipt this Period
41.68

In-kind - Restaurant

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

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

57.03

**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 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **76.03**

Date of Receipt
M M / D D / Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11D.4107

Amount of Each Receipt this Period
19.00

In-kind - Internet Services

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **117.25**

Date of Receipt
M M / D D / Y Y Y Y
10 / 08 / 2013

Transaction ID : SA11D.4109

Amount of Each Receipt this Period
41.22

In-kind - Restaurant

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **149.61**

Date of Receipt
M M / D D / Y Y Y Y
10 / 12 / 2013

Transaction ID : SA11D.4110

Amount of Each Receipt this Period
32.36

In-kind - Restaurant

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

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

92.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
179.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11D.4111

Amount of Each Receipt this Period
29.62

In-kind - Restaurant

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
224.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 21 / 2013

Transaction ID : SA11D.4112

Amount of Each Receipt this Period
45.30

In-kind - Membership Democrats of Hemet-Jacinto

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
236.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11D.4113

Amount of Each Receipt this Period
12.37

In-kind - Restaurant

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

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

87.29

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
269.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : SA11D.4114

Amount of Each Receipt this Period
32.45

In-kind - Restaurant

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
295.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2013

Transaction ID : SA11D.4115

Amount of Each Receipt this Period
26.50

In-kind - Restaurant

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
320.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

Transaction ID : SA11D.4116

Amount of Each Receipt this Period
25.00

In-kind - Democrats of Corona-Norco

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

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

83.95

**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 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
339.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2013

Transaction ID : SA11D.4117

Amount of Each Receipt this Period

19.00

In-kind - Website Service

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
533.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2013

Transaction ID : SA11D.4118

Amount of Each Receipt this Period

58.55

In-kind - Restaurant

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
474.85

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2013

Transaction ID : SA11D.4119

Amount of Each Receipt this Period

135.00

In-kind - NAACP Event

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

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

212.55

**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 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2013	
Mailing Address PO BOX 277		Transaction ID : SA11D.4120	
City SUN CITY	State CA	Zip Code 92586	Amount of Each Receipt this Period _____ 30.00 In-kind - Dem Women of the Desert Luncheon
FEC ID number of contributing federal political committee. C H4CA42086			
Name of Employer National Treasury Employees Un	Occupation National Field Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 563.40		

Full Name (Last, First, Middle Initial) B. TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address PO BOX 277		Transaction ID : SA11D.4121	
City SUN CITY	State CA	Zip Code 92586	Amount of Each Receipt this Period _____ 17.44 In-kind - Conference Call
FEC ID number of contributing federal political committee. C H4CA42086			
Name of Employer National Treasury Employees Un	Occupation National Field Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 580.84		

Full Name (Last, First, Middle Initial) C. TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2013	
Mailing Address PO BOX 277		Transaction ID : SA11D.4122	
City SUN CITY	State CA	Zip Code 92586	Amount of Each Receipt this Period _____ 313.54 In-kind - Hotel for Dem E-Board Meeting
FEC ID number of contributing federal political committee. C H4CA42086			
Name of Employer National Treasury Employees Un	Occupation National Field Representative		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 894.38		

SUBTOTAL of Receipts This Page (optional).....	_____ 360.98
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: (check only one)	PAGE 12 OF 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
906.34

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2013

Transaction ID : SA11D.4123

Amount of Each Receipt this Period

11.96

In-kind - Conference Call

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
923.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2013

Transaction ID : SA11D.4124

Amount of Each Receipt this Period

17.12

In-kind - Conference Call

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
956.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		03		2013

Transaction ID : SA11D.4125

Amount of Each Receipt this Period

33.44

In-kind - Restaurant

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

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

62.52

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
977.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

Transaction ID : SA11D.4126

Amount of Each Receipt this Period
20.40

In-kind - Gift

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
996.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2013			

Transaction ID : SA11D.4127

Amount of Each Receipt this Period
19.00

In-kind - Internet Services

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1015.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2013			

Transaction ID : SA11D.4128

Amount of Each Receipt this Period
19.14

In-kind - Conference Call

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

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

58.54

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

A. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1039.44

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		12		2013

Transaction ID : SA11D.4129

Amount of Each Receipt this Period
24.00

In-kind - Restaurant

B. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1057.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		14		2013

Transaction ID : SA11D.4130

Amount of Each Receipt this Period
18.35

In-kind - Gift

C. Full Name (Last, First, Middle Initial)
TIMOTHY J. SHERIDAN

Mailing Address **PO BOX 277**

City **SUN CITY** State **CA** Zip Code **92586**

FEC ID number of contributing federal political committee. **C H4CA42086**

Name of Employer **National Treasury Employees Un** Occupation **National Field Representative**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1074.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2013

Transaction ID : SA11D.4131

Amount of Each Receipt this Period
16.84

In-kind - Gift

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

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

59.19

**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 29
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2013
Mailing Address PO BOX 277		Transaction ID : SA11D.4132
City SUN CITY	State Zip Code CA 92586	
FEC ID number of contributing federal political committee. C H4CA42086		Amount of Each Receipt this Period 19.85
Name of Employer National Treasury Employees Un	Occupation National Field Representative	In-kind - Conference Call
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1094.48	

Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2013
Mailing Address PO BOX 277		Transaction ID : SA11D.4133
City SUN CITY	State Zip Code CA 92586	
FEC ID number of contributing federal political committee. C H4CA42086		Amount of Each Receipt this Period 17.92
Name of Employer National Treasury Employees Un	Occupation National Field Representative	In-kind - Conference Call
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1112.40	

Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2013
Mailing Address PO BOX 277		Transaction ID : SA11D.4134
City SUN CITY	State Zip Code CA 92586	
FEC ID number of contributing federal political committee. C H4CA42086		Amount of Each Receipt this Period 30.01
Name of Employer National Treasury Employees Un	Occupation National Field Representative	In-kind - Conference Call
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1186.67	

SUBTOTAL of Receipts This Page (optional).....	67.78
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: (check only one)	PAGE 16 OF 29
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2013
Mailing Address PO BOX 277		Transaction ID : SA11D.4135
City SUN CITY	State CA	Zip Code 92586
FEC ID number of contributing federal political committee. C H4CA42086	Amount of Each Receipt this Period 44.26	
Name of Employer National Treasury Employees Un	Occupation National Field Representative	In-kind - Restaurant
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1156.66	

Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address PO BOX 277		Transaction ID : SA11D.4136
City SUN CITY	State CA	Zip Code 92586
FEC ID number of contributing federal political committee. C H4CA42086	Amount of Each Receipt this Period 30.00	
Name of Employer National Treasury Employees Un	Occupation National Field Representative	In-kind - Dem Women of the Desert
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1241.67	

Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013
Mailing Address PO BOX 277		Transaction ID : SA11D.4137
City SUN CITY	State CA	Zip Code 92586
FEC ID number of contributing federal political committee. C H4CA42086	Amount of Each Receipt this Period 25.00	
Name of Employer National Treasury Employees Un	Occupation National Field Representative	In-kind - Dem Women Luncheon
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1211.67	

SUBTOTAL of Receipts This Page (optional).....	99.26
TOTAL This Period (last page this line number only).....	1241.67

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 124.21 Transaction ID : SB17.4180
City Riverside	State CA	
Zip Code 92502	Purpose of Disbursement Printing	Category/ Type 004
Candidate Name Committee to Elect Tim Sheridan to Congress	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. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 43.20 Transaction ID : SB17.4184
City Riverside	State CA	
Zip Code 92502	Purpose of Disbursement Printing	Category/ Type 004
Candidate Name Committee to Elect Tim Sheridan to Congress	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. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 64.80 Transaction ID : SB17.4185
City Riverside	State CA	
Zip Code 92502	Purpose of Disbursement Printing	Category/ Type 004
Candidate Name Committee to Elect Tim Sheridan to Congress	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).....	232.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 43.20 Transaction ID : SB17.4188
City Riverside State CA Zip Code 92502	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 114.69 Transaction ID : SB17.4186
City Riverside State CA Zip Code 92502	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 162.01 Transaction ID : SB17.4187
City Riverside State CA Zip Code 92502	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name Committee to Elect Tim Sheridan to Congress		
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).....	319.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. Gail Ferrell		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 40036 Via Graziana		Amount of Each Disbursement this Period 252.39 Transaction ID : SB17.4190
City Murrieta	State CA	
Purpose of Disbursement Reimbursement Advance for Flowers		Category/ Type 003
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 45.30 Transaction ID : SB17.4163
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Membership Democrats of Hemet-Jacinto		Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 12.37 Transaction ID : SB17.4162
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Restaurant		Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress		
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).....	310.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 32.45 Transaction ID : SB17.4161
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Restaurant	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 26.50 Transaction ID : SB17.4160
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Restaurant	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4159
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Democrats of Corona-Norco	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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).....	83.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 19.00 Transaction ID : SB17.4158
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Website Service	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 135.00 Transaction ID : SB17.4156
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - NAACP Event	Category/ Type 003
Candidate Name Committee to Elect Tim Sheridan to Congress	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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 58.55 Transaction ID : SB17.4157
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Restaurant	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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).....	212.55
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 Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 29	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4155
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Dem Women of the Desert Luncheon	Category/ Type 003
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 17.44 Transaction ID : SB17.4154
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Conference Call	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 313.54 Transaction ID : SB17.4153
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Hotel for Dem E-Board Meeting	Category/ Type 003
Candidate Name Committee to Elect Tim Sheridan to Congress		
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).....	360.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 11.96 Transaction ID : SB17.4152
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Conference Call	001	Candidate Name Committee to Elect Tim Sheridan to Congress Category/Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 17.12 Transaction ID : SB17.4151
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Conference Call	001	Candidate Name Committee to Elect Tim Sheridan to Congress Category/Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 33.44 Transaction ID : SB17.4150
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Restaurant	001	Candidate Name Committee to Elect Tim Sheridan to Congress Category/Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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).....	62.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 20.40 Transaction ID : SB17.4149
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Gift	001	Candidate Name Committee to Elect Tim Sheridan to Congress Category/Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 19.00 Transaction ID : SB17.4148
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Internet Services	001	Candidate Name Committee to Elect Tim Sheridan to Congress Category/Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 19.14 Transaction ID : SB17.4147
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Conference Call	001	Candidate Name Committee to Elect Tim Sheridan to Congress Category/Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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).....	58.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.4146
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Restaurant	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 18.35 Transaction ID : SB17.4145
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Gift	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 16.84 Transaction ID : SB17.4144
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Gift	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	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).....	59.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 29			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 19.85
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Conference Call	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 17.92
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Conference Call	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 44.26
City SUN CITY	State CA	
Zip Code 92586	Purpose of Disbursement In-kind - Restaurant	Category/ Type 001
Candidate Name Committee to Elect Tim Sheridan to Congress	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... 82.03
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 29			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Committee to Elect Tim Sheridan to Congress

Full Name (Last, First, Middle Initial) A. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 30.01 Transaction ID : SB17.4141
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Conference Call	001	Category/ Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4138
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Dem Women Luncheon	003	Category/ Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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. TIMOTHY J. SHERIDAN		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address PO BOX 277		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4139
City SUN CITY	State CA	
Purpose of Disbursement In-kind - Dem Women of the Desert	003	Category/ Type
Candidate Name Committee to Elect Tim Sheridan to Congress		
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).....	85.01
TOTAL This Period (last page this line number only).....	1866.94

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Committee to Elect Tim Sheridan to Congress** Transaction ID : **SC/10.4210**

LOAN SOURCE Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 277		

City	State	ZIP Code
SUN CITY	CA	92586

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
525.00	0.00	525.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 23 / 2013	none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	525.00
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

NAME OF COMMITTEE (In Full) **Committee to Elect Tim Sheridan to Congress** Transaction ID : **SC/10.4209**

LOAN SOURCE Full Name (Last, First, Middle Initial) TIMOTHY J. SHERIDAN	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 277		

City	State	ZIP Code
SUN CITY	CA	92586

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
435.13	0.00	435.13

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 29 / Y 2013 Y	M / D / Y none Y			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="435.13"/>
TOTALS This Period (last page in this line only).....	<input type="text" value="960.13"/>

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