

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Barbara Mulvaney for 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))....	13811.87	24316.87
(b) Total Contribution Refunds (from Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13711.87	24216.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41887.63	141995.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	139.41	247.41
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41748.22	141748.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6721.27	
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).....	124250.00	

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

Barbara Mulvaney for 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).....	10731.87	18691.87
(ii) Unitemized.....	3080.00	5625.00
(iii) TOTAL of contributions from individuals ▶	13811.87	24316.87
(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))..	13811.87	24316.87
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.....	14200.00	124250.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14200.00	124250.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	139.41	247.41
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.40	2.76
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28151.68	148817.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41887.63	141995.77
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	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	41987.63	142095.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20557.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28151.68
25. SUBTOTAL (add Line 23 and Line 24).....	48708.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41987.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6721.27

**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 5 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Barbara Mulvaney for Congress

A. Full Name (Last, First, Middle Initial)
Mildred Weissman

Mailing Address 81 Manursing Way

City State Zip Code
Rye NY 10580-4311

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014

Transaction ID : VNJ2DCQBQ71

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
John Mulvaney

Mailing Address 11451 W Side Potter Valley Rd

City State Zip Code
Potter Valley CA 95469-8721

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

Name of Employer Occupation
Self Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1155.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : VNJ2DCHCME1

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Adam Rohr

Mailing Address 1772 Sunset Ave
Santa Monica, CA 90405

City State Zip Code
Santa Monica CA 90405-5920

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

Name of Employer Occupation
Barbara Mulvaney Finance Staffer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014

Transaction ID : VNJ2DCR5SY1

Amount of Each Receipt this Period
2600.00

* In-Kind: In kind: Campaign Consulting

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

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

5220.00

**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 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Barbara Mulvaney for Congress

A. Full Name (Last, First, Middle Initial)
John Mulvaney

Mailing Address 11451 W Side Potter Valley Rd

City: Potter Valley State: CA Zip Code: 95469-8721

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1205.00

Date of Receipt: 05 / 09 / 2014

Transaction ID : VNJ2DCQ65F5

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Rex E Mulvaney

Mailing Address 1772 Sunset Ave

City: Santa Monica State: CA Zip Code: 90405-5920

FEC ID number of contributing federal political committee: C

Name of Employer: Barbara Mulvaney for Congress Occupation: Fundraising Team

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1838.58

Date of Receipt: 05 / 01 / 2014

Transaction ID : VNJ2DCR5SW5

Amount of Each Receipt this Period: 1838.58

* In-Kind: In kind: Campaign Consulting

C. Full Name (Last, First, Middle Initial)
Todd Greentree

Mailing Address 2166 Paseo Iglesia

City: Santa Fe State: NM Zip Code: 87501-8391

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 220.00

Date of Receipt: 05 / 09 / 2014

Transaction ID : VNJ2DCQ5EY5

Amount of Each Receipt this Period: 100.00

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

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

1988.58

**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 7 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Abigail Anderson		Date of Receipt MM / DD / YYYY 05 / 01 / 2014
Mailing Address 54 S Grand Oaks Ave		Transaction ID : VNJ2DCR5SV7
City Pasadena	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2580.00
Name of Employer Fierstadt & Mans, LLP	Occupation Attorney	* In-Kind: In kind: Campaign Consulting
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Jenna M Procella		Date of Receipt MM / DD / YYYY 05 / 01 / 2014
Mailing Address 3017 Parish Cemetery Rd		Transaction ID : VNJ2DCR5SZ8
City Orange	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 943.29
Name of Employer Barbara Mulvaney	Occupation Finance Staffer	* In-Kind: In kind: Campaign Consulting
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 943.29	

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

SUBTOTAL of Receipts This Page (optional).....	3523.29
TOTAL This Period (last page this line number only).....	10731.87

**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 28
	<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	

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)
Barbara Mulvaney for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Mulvaney

Mailing Address 2370 Davonport Road

City San Marino State CA Zip Code 91108

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

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
114050.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : VNJ2DCR5PH1

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
Barbara Mulvaney

Mailing Address 2370 Davonport Road

City San Marino State CA Zip Code 91108

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

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
115050.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : VNJ2DCR5P65

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Barbara Mulvaney

Mailing Address 2370 Davonport Road

City San Marino State CA Zip Code 91108

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

Name of Employer Self Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
124250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2014

Transaction ID : VNJ2DCR5P49

Amount of Each Receipt this Period
9200.00

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

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

14200.00

14200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Christensen & Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 209 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2000.00
City Washington	State DC Zip Code 20003-1107	
Purpose of Disbursement Fundraising Consulting	Category/Type	Transaction ID : VNH359SF530
Candidate Name		
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. James Mathieson		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2621 Centinela Ave Apt 8		Amount of Each Disbursement this Period 764.11
City Santa Monica	State CA Zip Code 90405-3166	
Purpose of Disbursement Salary	Category/Type	Transaction ID : VNH359SEX50
Candidate Name		
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. James Mathieson		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2621 Centinela Ave Apt 8		Amount of Each Disbursement this Period 607.58
City Santa Monica	State CA Zip Code 90405-3166	
Purpose of Disbursement Salary	Category/Type	Transaction ID : VNH359SF190
Candidate Name		
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).....	3371.69
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 10 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Public Storage		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 315 4th Ave		Amount of Each Disbursement this Period 184.00
City Venice State CA Zip Code 90291-2619	Purpose of Disbursement Storage	
Candidate Name		Transaction ID : VNH359SEWJ0
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1501 Lincoln Blvd		Amount of Each Disbursement this Period 470.88
City Venice State CA Zip Code 90291-3503	Purpose of Disbursement Office Supplies	
Candidate Name		Transaction ID : VNH359SF5P0
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:	Category/Type	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2014
Mailing Address 1501 Lincoln Blvd		Amount of Each Disbursement this Period 132.44
City Venice State CA Zip Code 90291-3503	Purpose of Disbursement Office Supplies	
Candidate Name		Transaction ID : VNH359SF5V0
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	787.32
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 11 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Benjamin Bonsu		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2621 Centinela Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 295.97 Transaction ID : VNH359SF3Y0
City Santa Monica State CA Zip Code 90405-3134	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ikea		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 600 N San Fernando Blvd		Amount of Each Disbursement this Period 435.68 Transaction ID : VNH359SEW81
City Burbank State CA Zip Code 91502-1020	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Pacific Palisades Community Council		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address PO Box 1131		Amount of Each Disbursement this Period 500.00 Transaction ID : VNH359SEWV1
City Pacific Palisades State CA Zip Code 90272-1131	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1231.65
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 12 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Adam Rohr		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1772 Sunset Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 2600.00
City Santa Monica	State CA	
Zip Code 90405-5920		* In-Kind Received
Purpose of Disbursement In kind: Campaign Consulting	Category/ Type	
Candidate Name		
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. Rex Mulvaney		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1209 Palms Blvd Venice, CA 90291		Amount of Each Disbursement this Period 2219.42
City Venice	State CA	
Zip Code 90291-2905		
Purpose of Disbursement Salary	Category/ Type	
Candidate Name		
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. US Bank		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address PO Box 1800		Amount of Each Disbursement this Period 45.50
City Saint Paul	State MN	
Zip Code 55101-0800		
Purpose of Disbursement Bank Fees	Category/ Type	
Candidate Name		
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).....	4864.92
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 13 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Carmyn Egge		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3905 S Birchwood Ave Sioux Falls, SD 57103		Amount of Each Disbursement this Period 453.75
City Sioux Falls	State SD	
Zip Code 57103-4603	Purpose of Disbursement Salary	Category/ Type
Candidate Name	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. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 4250.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Office Expense	Category/ Type
Candidate Name	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. NGP VAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 300.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Office Expense	Category/ Type
Candidate Name	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).....	5003.75
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 14 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Cecilee Mathieson		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2621 Centinela Ave Apt 8		Amount of Each Disbursement this Period 688.08
City Santa Monica	State CA	
Zip Code 90405-3166	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. Rex Mulvaney		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1209 Palms Blvd Venice, CA 90291		Amount of Each Disbursement this Period 919.29
City Venice	State CA	
Zip Code 90291-2905	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C. Cecilee Mathieson		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 2621 Centinela Ave Apt 8		Amount of Each Disbursement this Period 317.90
City Santa Monica	State CA	
Zip Code 90405-3166	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1925.27
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 15 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Sage Payment Service		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 304.54
City McLean	State VA	
Zip Code 22102-4304	Purpose of Disbursement Credit Card Processing	Transaction ID : VNH359SEW65
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Postal Service Venice		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 313 Grand Blvd		Amount of Each Disbursement this Period 19.60
City Venice	State CA	
Zip Code 90291-4234	Purpose of Disbursement Postage	Transaction ID : VNH359SEWM5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Public Storage		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 315 4th Ave		Amount of Each Disbursement this Period 184.00
City Venice	State CA	
Zip Code 90291-2619	Purpose of Disbursement Storage	Transaction ID : VNH359SEWS5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	508.14
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 16 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Rex E Mulvaney		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1772 Sunset Ave		Amount of Each Disbursement this Period 1838.58
City Santa Monica	State CA	
Zip Code 90405-5920	Purpose of Disbursement In kind: Campaign Consulting	Transaction ID : VNJ2DCR5SW5I
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) B. Benjamin Bonsu		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 2621 Centinela Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 509.86
City Santa Monica	State CA	
Zip Code 90405-3134	Purpose of Disbursement Salary	Transaction ID : VNH359SEX26
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Adam Rohr		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1772 Sunset Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 1556.57
City Santa Monica	State CA	
Zip Code 90405-5920	Purpose of Disbursement Salary	Transaction ID : VNH359SF386
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3905.01
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 17 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Abigail Anderson		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1772 Sunset Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 2131.97 Transaction ID : VNH359SF5X6
City Santa Monica State CA Zip Code 90405-5920	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jenna M Procella		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3017 Parish Cemetery Rd		Amount of Each Disbursement this Period 943.29 Transaction ID : VNH359SF167
City Orange State TX Zip Code 77632-1783	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 324 E 2500 S		Amount of Each Disbursement this Period 410.71 Transaction ID : VNH359SF5E7
City Ogden State UT Zip Code 84401	Purpose of Disbursement Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3485.97
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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Google Apps		Date of Disbursement MM / DD / YYYY 04 / 03 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 94.02
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Office Expense	Transaction ID : VNH359SEWK7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Google Apps		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 93.66
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Office Expense	Transaction ID : VNH359SEWR7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Abigail Anderson		Date of Disbursement MM / DD / YYYY 05 / 01 / 2014
Mailing Address 54 S Grand Oaks Ave		Amount of Each Disbursement this Period 2580.00
City Pasadena	State CA	
Zip Code 91107-4112	Purpose of Disbursement In kind: Campaign Consulting	Transaction ID : VNJ2DCR5SV71
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2767.68
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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Carmyn Egge		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 3905 S Birchwood Ave Sioux Falls, SD 57103		Amount of Each Disbursement this Period 1320.25
City Sioux Falls	State SD	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : VNH359SEX68
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Abigail Anderson		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1772 Sunset Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 4295.77
City Santa Monica	State CA	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : VNH359SF268
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Jenna M Procella		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 3017 Parish Cemetery Rd		Amount of Each Disbursement this Period 2260.42
City Orange	State TX	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : VNH359SF098
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7876.44
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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Janice Hardin		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 499 Pacheco Rd Spc 122		Amount of Each Disbursement this Period 365.40 Transaction ID : VNH359SF4D8
City Bakersfield	State CA Zip Code 93307-4867	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. US Postal Service Venice		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 313 Grand Blvd		Amount of Each Disbursement this Period 49.00 Transaction ID : VNH359SEWE8
City Venice	State CA Zip Code 90291-4234	
Purpose of Disbursement Postage	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. Jenna M Procella		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 3017 Parish Cemetery Rd		Amount of Each Disbursement this Period 943.29 Transaction ID : VNJ2DCR5SZ8I
City Orange	State TX Zip Code 77632-1783	
Purpose of Disbursement In kind: Campaign Consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	1357.69
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 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Barbara Mulvaney for Congress

Full Name (Last, First, Middle Initial) A. Adam Rohr		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1772 Sunset Ave Santa Monica, CA 90405		Amount of Each Disbursement this Period 3871.77
City Santa Monica	State CA	
Zip Code 90405-5920		
Purpose of Disbursement Salary	Category/Type	
Candidate Name		
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. The House of Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 3336 E Colorado Blvd		Amount of Each Disbursement this Period 687.79
City Pasadena	State CA	
Zip Code 91107-3861		
Purpose of Disbursement Printing Expense	Category/Type	
Candidate Name		
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4559.56
TOTAL This Period (last page this line number only).....	41645.09

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCMTMW0L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary

General

Other (specify) ▼

Mailing Address

2370 Davonport Road

City

State

ZIP Code

San Marino

CA

91108

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M 02 / D 04 / Y 2014 Y

Date Due

M M / D D / Y none Y Y Y

Interest Rate

none % (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)..... ▶

25000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCR5PH1L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary

General

Other (specify) ▼

Mailing Address

2370 Davonport Road

City

State

ZIP Code

San Marino

CA

91108

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000.00

0.00

4000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 /

D 15 /

Y 2014 Y

M M /

D D /

Y none Y Y

none % (apr)

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)..... ▶

4000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCMV172L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary

General

Other (specify) ▼

Mailing Address

2370 Davonport Road

City

State

ZIP Code

San Marino

CA

91108

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 / D 28 / Y 2014 Y

M M / D D / Y none Y Y Y

none % (apr)

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)..... ▶

10000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCMV1B4L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary

General

Other (specify) ▼

Mailing Address

2370 Davonport Road

City

State

ZIP Code

San Marino

CA

91108

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 06 /

Y 2014 Y

M M /

D D /

Y none Y Y

none % (apr)

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)..... ▶

50.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCR5P65L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary
 General
 Other (specify) ▼

Mailing Address
2370 Davonport Road

City State ZIP Code
San Marino CA 91108

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 22 / Y 2014 M M / D D / Y none % (apr) 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) 1000.00
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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCMTMX7L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary

General

Other (specify) ▼

Mailing Address

2370 Davonport Road

City

State

ZIP Code

San Marino

CA

91108

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

M 02 / D 24 / Y 2014 Y

Date Due

M M / D D / Y none Y Y

Interest Rate

none % (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)..... ▶

75000.00

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : VNJ2DCR5P49L

Barbara Mulvaney for Congress

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

[PERSONAL FUNDS]

Election: 2014

Barbara Mulvaney

Primary

General

Other (specify) ▼

Mailing Address

2370 Davonport Road

City

State

ZIP Code

San Marino

CA

91108

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

9200.00

0.00

9200.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 /

D 29 /

Y 2014 Y

M M /

D D /

Y none Y Y

none % (apr)

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)..... ▶

9200.00

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

124250.00

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