

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Ted Lieu For Congress

ADDRESS (number and street) 6380 Wilshire Blvd # 1612

Check if different than previously reported. (ACC)

Los Angeles

CA

90048

2. **FEC IDENTIFICATION NUMBER** ▼

C C00556506

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

33

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

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer Jane Leiderman

Signature of Treasurer Jane Leiderman

[Electronically Filed]

Date

/ /

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

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Ted Lieu 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))....	5825.28	16910.28
(b) Total Contribution Refunds (from Line 20(d))	10400.00	15600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-4574.72	1310.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21051.27	62643.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	1541.51	5191.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19509.76	57451.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	114864.10	
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).....	50979.08	

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

Ted Lieu 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).....	500.00	0.00
(ii) Unitemized.....	325.28	0.00
(iii) TOTAL of contributions from individuals ▶	825.28	2660.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	14250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5825.28	16910.28
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.)	1541.51	5191.61
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	314.85	614.85
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7681.64	22716.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21051.27	62643.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	46000.00	46000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	46000.00	46000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	10400.00	15600.00
(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)).....	10400.00	15600.00
21. OTHER DISBURSEMENTS	0.00	45000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	77451.27	169243.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184633.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7681.64
25. SUBTOTAL (add Line 23 and Line 24).....	192315.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77451.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	114864.10

**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 25
	<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)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Samuel A Keesal

Mailing Address 400 Oceangate

City Long Beach State CA Zip Code 90802

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

Name of Employer Samuel A Keesal Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2014

Transaction ID : 11AI-3850

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Kevin W Wong

Mailing Address 4017 201 St

City Flushing State NY Zip Code 11361

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

Name of Employer Golden Eagle Service Center Occupation Service Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 28 / 2014

Transaction ID : 11AI-3836

Amount of Each Receipt this Period
 -500.00

Returned Item - NSF

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

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 25
	<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)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Greenberg Traurig, P.A

Mailing Address 54 State St

City Albany State NY Zip Code 12207

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : 11C-3847

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Ave

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 11 / 2014

Transaction ID : 11C-3846

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Time Warner Cable Federal PAC

Mailing Address 901 F St

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 08 / 2014

Transaction ID : 11C-3845

Amount of Each Receipt this Period
 2000.00

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

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

5000.00

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<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)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
L.A. County Registrar-Recorder/County Clerk

Mailing Address 12400 Imperial Hwy., 2nd Fl.

City Norwalk State CA Zip Code 90650

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2014

Transaction ID : 14-3851

Amount of Each Receipt this Period
1541.51

Refund of Overpayment

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).....

1541.51

1541.51

**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 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Andrew B Lachman

Mailing Address 4823 Maytime Ln

City State Zip Code
Culver City CA 90230

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

Name of Employer Occupation
n/a Info requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
614.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 28 / 2014

Transaction ID : 15-2461-O

Amount of Each Receipt this Period
300.00

Refund for Cr.Card charges

B. Full Name (Last, First, Middle Initial)
Andrew B Lachman

Mailing Address 4823 Maytime Ln

City State Zip Code
Culver City CA 90230

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

Name of Employer Occupation
n/a Info requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
614.85

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 01 / 2014

Transaction ID : 15-2460-O

Amount of Each Receipt this Period
14.85

Refund for Cr.Card Charges

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

314.85

314.85

**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 25			
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Daniel C. Weitzman Consulting LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 1100 O Street, #200			Amount of Each Disbursement this Period 1000.00 Transaction ID : 17-734
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement Fundraising Management Fee		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) B. Jeanette Garcia			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 3096 Guadalajara Way			Amount of Each Disbursement this Period 831.60 Transaction ID : 17-735
City Sacramento	State CA	Zip Code 95833	
Purpose of Disbursement Mileage		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) C. Andrew B Lachman			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 1615 B Potomac Greens Dr.			Amount of Each Disbursement this Period 2043.38 Transaction ID : 17-712
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Salary		Category/ Type 001	
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).....	3874.98
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 10 OF 25			
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Andrew B Lachman			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014	
Mailing Address 1615 B Potomac Greens Dr.			Amount of Each Disbursement this Period 2043.38	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 17-714	
Purpose of Disbursement Salary		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Andrew B Lachman			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014	
Mailing Address 1615 B Potomac Greens Dr.			Amount of Each Disbursement this Period 358.41	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 17-736	
Purpose of Disbursement Mileage		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Andrew B Lachman			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 1615 B Potomac Greens Dr.			Amount of Each Disbursement this Period 1755.90	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 17-758	
Purpose of Disbursement Salary		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	4157.69
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 11 OF 25			
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Olson,Hagel & Fishburn, LLP			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014		
Mailing Address 555 Capitol Mall, #1425			Amount of Each Disbursement this Period 323.00		
City Sacramento	State CA	Zip Code 95814-4602	Transaction ID : 17-749		
Purpose of Disbursement Legal Fees		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. RCBS Trust Account			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014		
Mailing Address 5429 Madison Ave.			Amount of Each Disbursement this Period 1561.48		
City Sacramento	State CA	Zip Code 95841	Transaction ID : 17-716		
Purpose of Disbursement Salary		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) c. Melissa May S. Ramoso			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014		
Mailing Address 8812 Dalen St.			Amount of Each Disbursement this Period 357.91		
City Downey	State CA	Zip Code 90242	Transaction ID : 17-748		
Purpose of Disbursement Mileage,Food for Volunteers		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	2242.39
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 25			
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Statecraft, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 8618 Nottingham Place		Amount of Each Disbursement this Period 125.00 Transaction ID : 17-757
City La Jolla	State CA	
Zip Code 92037	Purpose of Disbursement License Fee	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) B. Marc Sussman		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 619a S. Cypress St.		Amount of Each Disbursement this Period 1695.34 Transaction ID : 17-715
City Orange	State CA	
Zip Code 92866	Purpose of Disbursement Salary	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) c. Marc Sussman		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 619a S. Cypress St.		Amount of Each Disbursement this Period 45.36 Transaction ID : 17-746
City Orange	State CA	
Zip Code 92866	Purpose of Disbursement Food for Volunteers	Category/ Type 001
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).....	1865.70
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 25			
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Janet Turner			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014	
Mailing Address 651 Lachman Lane			Amount of Each Disbursement this Period 3412.00	
City Pacific Palisades	State CA	Zip Code 90272	Transaction ID : 17-756	
Purpose of Disbursement Salary		001 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:				

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014	
Mailing Address 2965 W. Corporate Lakes Blvd.			Amount of Each Disbursement this Period 5306.17	
City Weston	State FL	Zip Code 33331	Transaction ID : 17-519-W	
Purpose of Disbursement Credit Card Payment		001 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)		Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	
State: District:				

Full Name (Last, First, Middle Initial) c. Chase Card Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014	
Mailing Address 2500 Westfield Dr.			Amount of Each Disbursement this Period 12.34	
City Elgin	State IL	Zip Code 60124	Transaction ID : 17-520-W	
Purpose of Disbursement Credit Card Payment		001 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)		Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	8730.51
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 25			
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Charles Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1 Bennett St.		Amount of Each Disbursement this Period 782.80
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Lodging-11/30-12/5/14-Harvard New Member Issues Briefing	Transaction ID : 17-783-P
Candidate Name	002 Category/ Type	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 151.19
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Airfare-11/30-12/5/14-B.Chim-LAX/BOS/LAX-Harvard New Member Issues Briefing	Transaction ID : 17-782-P
Candidate Name	002 Category/ Type	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1030 Delta Blvd.		Amount of Each Disbursement this Period 151.19
City Atlanta	State GA	
Zip Code 30320	Purpose of Disbursement Airfare-11/30-12/5/14-T.Lieu-LAX/BOS/LAX-Harvard New Member Issues Briefing	Transaction ID : 17-781-P
Candidate Name	002 Category/ Type	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 25	
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Greyhound Lines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1000 East Santa Ana Blvd., #105		Amount of Each Disbursement this Period 541.95
City Santa Ana State CA Zip Code 92701	Purpose of Disbursement Transportation of Supplies to Congressional Ofc.	Transaction ID : 17-778-P
Candidate Name	Category/Type 001	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) B. NationBuilder		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 199.00
City Los Angeles State CA Zip Code 90013	Purpose of Disbursement Internet Service	Transaction ID : 17-768-P
Candidate Name	Category/Type 001	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 1691.20
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-11/12/14-B.Chim-LAX/IAD/LAX-Spouse Orientation in DC	Transaction ID : 17-767-P
Candidate Name	Category/Type 002	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 25	
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 608.10
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-T.Lieu-LAX/IAD-Swearing In Ceremony	
Candidate Name	Category/Type 002	Transaction ID : 17-777-P
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:		[MEMO ITEM] Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 1199.00
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-T.Lieu-LAX/IAD-Swearing In Ceremony	
Candidate Name	Category/Type 002	Transaction ID : 17-776-P
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:		[MEMO ITEM] Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 437.10
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/14/15-T.Lieu-IAD/LAX-Swearing In Ceremony	
Candidate Name	Category/Type 002	Transaction ID : 17-775-P
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:		[MEMO ITEM] Credit card payee, see Schedule D American Express

SUBTOTAL of Disbursements This Page (optional)	0.00
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 25	
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 1245.20
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-B.Chim-LAX/IAD/LAX-Swearing In Ceremony	
Candidate Name	Category/Type 002	Transaction ID : 17-773-P
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:		[MEMO ITEM] Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial) B. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 1245.20
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-B.Lieu-LAX/IAD/LAX-Swearing In Ceremony	
Candidate Name	Category/Type 002	Transaction ID : 17-771-P
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:		[MEMO ITEM] Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 1245.20
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-A.Lieu-LAX/IAD/LAX-Swearing In Ceremony	
Candidate Name	Category/Type 002	Transaction ID : 17-772-P
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:		[MEMO ITEM] Credit card payee, see Schedule D American Express

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 25	
	<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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 142.37
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telephone	Transaction ID : 17-779-P
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM] Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) B.		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	
Candidate Name	Category/ Type	
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:		

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	
Candidate Name	Category/ Type	
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).....	0.00
TOTAL This Period (last page this line number only).....	20871.27

**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 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Ted Lieu		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 6380 Wilshire Blvd # 1612		Amount of Each Disbursement this Period 11000.00 Transaction ID : 19a-744
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Loan Payment (Principal)	Category/ Type
Candidate Name Ted Lieu	Office Sought: <input checked="" 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: CA District: 33	

Full Name (Last, First, Middle Initial) B. Ted Lieu		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 6380 Wilshire Blvd # 1612		Amount of Each Disbursement this Period 25000.00 Transaction ID : 19a-754
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Loan Payment (Principal)	Category/ Type
Candidate Name Ted Lieu	Office Sought: <input checked="" 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: CA District: 33	

Full Name (Last, First, Middle Initial) c. Ted Lieu		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 6380 Wilshire Blvd # 1612		Amount of Each Disbursement this Period 10000.00 Transaction ID : 19a-752
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Loan Payment (Principal)	Category/ Type
Candidate Name Ted Lieu	Office Sought: <input checked="" 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: CA District: 33	

SUBTOTAL of Disbursements This Page (optional).....	46000.00
TOTAL This Period (last page this line number only).....	46000.00

**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 20 OF 25			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Brian C Lee		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 4390 Pere grine Way		Amount of Each Disbursement this Period 2600.00 Transaction ID : 20A-740
City Fremont	State CA	
Zip Code 94555	Purpose of Disbursement Return of 03/29/2014 Contribution	Category/ Type 010
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:		

Full Name (Last, First, Middle Initial) B. Brian C Lee		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 4390 Pere grine Way		Amount of Each Disbursement this Period 2600.00 Transaction ID : 20A-741
City Fremont	State CA	
Zip Code 94555	Purpose of Disbursement Return of 03/29/2014 Contribution	Category/ Type 010
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:		

Full Name (Last, First, Middle Initial) C. Kevin C Lee		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 1733 Terracina Cir		Amount of Each Disbursement this Period 2600.00 Transaction ID : 20A-742
City Roseville	State CA	
Zip Code 95747	Purpose of Disbursement Return of 03/29/2014 Contribution	Category/ Type 010
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).....	7800.00
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 25	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Kevin C Lee		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 1733 Terracina Cir		Amount of Each Disbursement this Period 2600.00
City Roseville	State CA	
Purpose of Disbursement Return of 03/29/2014 Contribution	Zip Code 95747	Transaction ID : 20A-739
Candidate Name	Category/ Type 010	
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:		

Full Name (Last, First, Middle Initial) B.		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:		

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).....	2600.00
TOTAL This Period (last page this line number only).....	10400.00

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)
Ted Lieu For Congress

Transaction ID : C10-1-LR

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

[PERSONAL FUNDS]

Election: 2014

Ted Lieu

Primary

General

Other (specify) ▼

Mailing Address

6380 Wilshire Blvd # 1612

City

State

ZIP Code

Los Angeles

CA

90048

Original Amount of Loan

55000.00

Cumulative Payment To Date

55000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 31 /

Y 2014 Y

M 03 /

D 31 /

Y 2015 Y

0.00

% (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)..... ▶

0.00

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)
Ted Lieu For Congress

Transaction ID : C10-2-LR

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

Ted Lieu

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
6380 Wilshire Blvd # 1612

City State ZIP Code
Los Angeles CA 90048

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21000.00	21000.00	0.00

TERMS

Date Incurred: M 10 / D 24 / Y 2014
 Date Due: M 10 / D 24 / Y 2015
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	0.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Buchert Development LLC	Nature of Debt (Purpose): Fundraising Management Fee
Mailing Address 1600 Redondo Ave., #4	
City State Zip Code Long Beach CA 90804	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D10-352-V	
Amount Incurred This Period 39000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 39000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Janet Turner	Nature of Debt (Purpose): Supplies, Parking, Postage
Mailing Address 651 Lachman Lane	
City State Zip Code Pacific Palisades CA 90272	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D10-2911-V	
Amount Incurred This Period 101.52	Payment This Period 0.00	Outstanding Balance at Close of This Period 101.52

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address 2965 W. Corporate Lakes Blvd.	
City State Zip Code Weston FL 33331	

Outstanding Balance Beginning This Period 5306.17	Transaction ID : D10-697-W	
Amount Incurred This Period 11206.04	Payment This Period 5306.17	Outstanding Balance at Close of This Period 11206.04

1) SUBTOTALS This Period This Page (optional)	50307.56
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chase Card Services		Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address 2500 Westfield Dr.		
City State Zip Code	Elgin IL 60124	

Outstanding Balance Beginning This Period	Transaction ID : D10-548-W	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="683.86"/>	<input type="text" value="12.34"/>	<input type="text" value="671.52"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="671.52"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="50979.08"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="50979.08"/>