

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) 16633 Ventura Blvd # 1008
 Check if different than previously reported. (ACC) Encino CA 91436

2. **FEC IDENTIFICATION NUMBER** C C00556506 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
Encino CA 91436 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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jane Leiderman
Signature of Treasurer Jane Leiderman *[Electronically Filed]* Date M M / D D / Y Y Y Y
06 / 02 / 2016

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

Ted Lieu For Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		25		2014

To:

M M	/	D D	/	Y Y Y Y
12		31		2014

	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)	24651.27	66243.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	5141.51	8791.61
(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).....	121864.10	
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).....	51028.08	

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.)	5141.51	8791.61
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)..... ▶	11281.64	26316.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24651.27	66243.22
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) ►	81051.27	172843.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	191633.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11281.64
25. SUBTOTAL (add Line 23 and Line 24).....	202915.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81051.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	121864.10

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

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

FOR LINE NUMBER: PAGE 5 OF 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

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

Mailing Address 400 Oceangate

City State Zip Code
Long Beach CA 90802

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

Name of Employer Occupation
Samuel A Keesal Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : 11AI-3850

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 36-36 Prince St 2nd Fl

City State Zip Code
Flushing NY 11354

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

Name of Employer Occupation
Golden Eagle Service Center Director of Operation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
-500.00

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

Transaction ID : 11AI-3836

Amount of Each Receipt this Period
-500.00

Memo Item
Returned Item - NSF

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

Mailing Address 1421 Stone Canyon Rd

City State Zip Code
Los Angeles CA 90077

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

Name of Employer Occupation
JM Eagle & Plastpro Inc. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : 11AI-3896-D

Amount of Each Receipt this Period
-2600.00

Memo Item
Redesignated below

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

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

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 31
	<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	

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Walter Wang		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 1421 Stone Canyon Rd		Transaction ID : 11AI-3897-D
City Los Angeles	State Zip Code CA 90077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer JM Eagle & Plastpro Inc.	Occupation CEO	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	Redesignated

Full Name (Last, First, Middle Initial) B. Shirley Wang		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 1416 Stone Canyon Blvd		Transaction ID : 11AI-3894-D
City Los Angeles	State Zip Code CA 90077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer JM Eagle & Plastpro Inc	Occupation CEO	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	Redesignated below

Full Name (Last, First, Middle Initial) C. Shirley Wang		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address 1416 Stone Canyon Blvd		Transaction ID : 11AI-3895-D
City Los Angeles	State Zip Code CA 90077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer JM Eagle & Plastpro Inc	Occupation CEO	<input checked="" type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	Redesignated

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	0.00

**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 31
	<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	

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Eric Smidt

Mailing Address 26541 Agoura Dr

City Calabasas State CA Zip Code 91302

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

Name of Employer CPLLC Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3869-D

Amount of Each Receipt this Period
-2600.00

Memo Item

Redesignated below

B. Full Name (Last, First, Middle Initial)
Eric Smidt

Mailing Address 26541 Agoura Dr

City Calabasas State CA Zip Code 91302

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

Name of Employer CPLLC Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3870-D

Amount of Each Receipt this Period
2600.00

Memo Item

Redesignated

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

Mailing Address 26541 Agoura Rd

City Calabasas State CA Zip Code 91302

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3871-D

Amount of Each Receipt this Period
-2600.00

Memo Item

Redesignated below

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 8 OF 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Susan Smidt

Mailing Address 26541 Agoura Rd

City Calabasas State CA Zip Code 91302

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

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : 11AI-3872-D

Amount of Each Receipt this Period
2600.00

Memo Item

Redesignated

B. Full Name (Last, First, Middle Initial)
Linda M Dong

Mailing Address 465 Harvard Dr

City Arcadia State CA Zip Code 91007

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

Name of Employer Alhambra Hospital Occupation Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : 11AI-3865-D

Amount of Each Receipt this Period
-2600.00

Memo Item

Redesignated below

C. Full Name (Last, First, Middle Initial)
Linda M Dong

Mailing Address 465 Harvard Dr

City Arcadia State CA Zip Code 91007

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

Name of Employer Alhambra Hospital Occupation Administrator

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : 11AI-3866-D

Amount of Each Receipt this Period
2600.00

Memo Item

Redesignated

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

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

0.00

**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 9 OF 31
	<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	

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Hanyang Xu

Mailing Address 321 E Floral Ave

City Arcadia State CA Zip Code 91006

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

Name of Employer Kindred Hospital Occupation RN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3877-D

Amount of Each Receipt this Period
 -2600.00

Memo Item

Redesignated below

B. Full Name (Last, First, Middle Initial)
Hanyang Xu

Mailing Address 321 E Floral Ave

City Arcadia State CA Zip Code 91006

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

Name of Employer Kindred Hospital Occupation RN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3878-D

Amount of Each Receipt this Period
 2600.00

Memo Item

Redesignated

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

Mailing Address 321 E Floral Ave

City Arcadia State CA Zip Code 91006

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

Name of Employer E-World USA Holding, Inc Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3873-D

Amount of Each Receipt this Period
 -2600.00

Memo Item

Redesignated below

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

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

0.00

**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 10 OF 31
	<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	

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Dinghua Wang

Mailing Address 321 E Floral Ave

City Arcadia State CA Zip Code 91006

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

Name of Employer E-World USA Holding, Inc Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3874-D

Amount of Each Receipt this Period
 2600.00

Memo Item

Redesignated

B. Full Name (Last, First, Middle Initial)
Dongfang Wang

Mailing Address 1023 Highlight Dr

City West Covina State CA Zip Code 91791

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3875-D

Amount of Each Receipt this Period
 -2600.00

Memo Item

Redesignated below

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

Mailing Address 1023 Highlight Dr

City West Covina State CA Zip Code 91791

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

Name of Employer n/a Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3876-D

Amount of Each Receipt this Period
 2600.00

Memo Item

Redesignated

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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	

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Full Name (Last, First, Middle Initial)
Peter Lowy

Mailing Address 2049 Century Park E

City Los Angeles State CA Zip Code 90067

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

Name of Employer Westfield Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3867-D

Amount of Each Receipt this Period
 -2600.00

Memo Item

Redesignated below

B. Full Name (Last, First, Middle Initial)
Peter Lowy

Mailing Address 2049 Century Park E

City Los Angeles State CA Zip Code 90067

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

Name of Employer Westfield Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : 11AI-3868-D

Amount of Each Receipt this Period
 2600.00

Memo Item

Redesignated

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

Memo Item

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

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

0.00

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 12 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
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
1000.00

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

Memo Item

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

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

Transaction ID : 11C-3879

Amount of Each Receipt this Period
2000.00

Memo Item

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
2000.00

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

Memo Item

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 13 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
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 / D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : 14-3851

Amount of Each Receipt this Period
 1541.51

Memo Item
 Refund of Overpayment

B. Full Name (Last, First, Middle Initial)
Lieu Victory Fund

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

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 / D D / Y Y Y Y Y Y
 11 / 26 / 2014

Transaction ID : 14-6495

Amount of Each Receipt this Period
 3600.00

Memo Item
 Transfer of Credit Card Contributions to Lieu Victory Fund

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

Memo Item

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

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

5141.51

5141.51

**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 14 OF 31
	<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	

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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: Election Cycle-to-Date
 Primary General
 Other (specify) **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

Memo Item
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: Election Cycle-to-Date
 Primary General
 Other (specify) **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

Memo Item
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: Election Cycle-to-Date
 Primary General
 Other (specify)

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

Amount of Each Receipt this Period

Memo Item

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 15 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
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	
City Sacramento	State CA	Zip Code 95814	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Management Fee		Category/ Type 001		
Candidate Name			Transaction ID : 17-734	
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	
City Sacramento	State CA	Zip Code 95833	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Mileage		Category/ Type 001		
Candidate Name			Transaction ID : 17-735	
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	
City Alexandria	State VA	Zip Code 22314	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name			Transaction ID : 17-712	
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 16 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20				

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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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name		Transaction ID : 17-714			
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. 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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Mileage		Category/ Type 001			
Candidate Name		Transaction ID : 17-736			
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 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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name		Transaction ID : 17-758			
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).....	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 17 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. Lieu Victory Fund		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 6380 Wilshire Blvd., #1612		Amount of Each Disbursement this Period 3600.00 <input type="checkbox"/> Memo Item
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Transfer of Credit Card Contributions	Transaction ID : 17-1397
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. 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 <input type="checkbox"/> Memo Item
City Sacramento	State CA	
Zip Code 95814-4602	Purpose of Disbursement Legal Fees	Transaction ID : 17-749
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. 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 <input type="checkbox"/> Memo Item
City Sacramento	State CA	
Zip Code 95841	Purpose of Disbursement Payroll Taxes	Transaction ID : 17-716
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5484.48
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 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. 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	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Mileage, Food for Volunteers		Category/ Type 001			
Candidate Name			Transaction ID : 17-748		
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. 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		
City La Jolla	State CA	Zip Code 9203	Memo Item <input type="checkbox"/>		
Purpose of Disbursement License Fee		Category/ Type 001			
Candidate Name			Transaction ID : 17-757		
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 11 / 28 / 2014		
Mailing Address 619a S. Cypress St.			Amount of Each Disbursement this Period 1695.34		
City Orange	State CA	Zip Code 92866	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Salary		Category/ Type 001			
Candidate Name			Transaction ID : 17-715		
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)	2178.25
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 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. 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
City Orange	State CA	
Zip Code 92866	Purpose of Disbursement Food for Volunteers	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : 17-746
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. 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	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : 17-756
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. 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	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : 17-519-W
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).....	8763.53
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 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. Chase Card Services

Full Name (Last, First, Middle Initial)
Mailing Address 2500 Westfield Dr.

City Elgin State IL Zip Code 60124

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 02 / 2014

Amount of Each Disbursement this Period: 12.34

Memo Item

Transaction ID : 17-520-W
Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

B. Charles Hotel

Full Name (Last, First, Middle Initial)
Mailing Address 1 Bennett St.

City Cambridge State MA Zip Code 02138

Purpose of Disbursement Lodging-11/30-12/5/14-Harvard New Member Issues Briefing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 782.80

Memo Item

Transaction ID : 17-783-P
Credit card payee, see Schedule D American Express

C. Delta Airlines

Full Name (Last, First, Middle Initial)
Mailing Address 1030 Delta Blvd.

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2014

Amount of Each Disbursement this Period: 151.19

Memo Item

Transaction ID : 17-782-P
Credit card payee, see Schedule D American Express

SUBTOTAL of Disbursements This Page (optional) 12.34

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 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

Full Name (Last, First, Middle Initial) A. 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	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : 17-781-P Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) B. 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.	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : 17-778-P Credit card payee, see Schedule D American Express
State: District:		

Full Name (Last, First, Middle Initial) c. 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	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : 17-768-P 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 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
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 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 Category/Type 002	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : 17-767-P Credit card payee, see Schedule D American Express
State: District:		

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 608.10
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-T.Lieu-LAX/IAD-Swearing In Ceremony Category/Type 002	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : 17-777-P 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 1199.00
City Chicago State IL Zip Code 60660	Purpose of Disbursement Airfare-1/4/15-T.Lieu-LAX/IAD-Swearing In Ceremony Category/Type 002	
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)	<input checked="" type="checkbox"/> Memo Item Transaction ID : 17-776-P 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 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ted Lieu For Congress

A. United Airlines

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60660

Purpose of Disbursement
Airfare-1/14/15-T.Lieu-IAD/LAX-Swearing In Ceremony

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 12 / 2014

Amount of Each Disbursement this Period
437.10

Memo Item

Transaction ID : 17-775-P
Credit card payee, see Schedule D American Express

B. United Airlines

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60660

Purpose of Disbursement
Airfare-1/4/15-B.Chim-LAX/IAD/LAX-Swearing In Ceremony

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 12 / 2014

Amount of Each Disbursement this Period
1245.20

Memo Item

Transaction ID : 17-773-P
Credit card payee, see Schedule D American Express

C. United Airlines

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60660

Purpose of Disbursement
Airfare-1/4/15-B.Lieu-LAX/IAD/LAX-Swearing In Ceremony

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 12 / 2014

Amount of Each Disbursement this Period
1245.20

Memo Item

Transaction ID : 17-771-P
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 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
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-A.Lieu-LAX/IAD/LAX-Swearing In Ceremony		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : 17-772-P Credit card payee, see Schedule D American Express
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) B. 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		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : 17-779-P Credit card payee, see Schedule D American Express
State: District:	Category/Type 001	

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		<input type="checkbox"/> Memo Item
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)	Category/Type
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	24471.27

**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 25 OF 31	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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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
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Loan Payment (Principal)	<input type="checkbox"/> Memo Item
Candidate Name Ted Lieu	Category/ Type	Transaction ID : 19a-744
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
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Loan Payment (Principal)	<input type="checkbox"/> Memo Item
Candidate Name Ted Lieu	Category/ Type	Transaction ID : 19a-754
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
City Los Angeles	State CA	
Zip Code 90048	Purpose of Disbursement Loan Payment (Principal)	<input type="checkbox"/> Memo Item
Candidate Name Ted Lieu	Category/ Type	Transaction ID : 19a-752
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 26 OF 31	
	<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

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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 <input type="checkbox"/> Memo Item 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 <input type="checkbox"/> Memo Item 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 <input type="checkbox"/> Memo Item 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 27 OF 31			
	<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				

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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 <input type="checkbox"/> Memo Item
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 <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement	Zip Code	Transaction ID :
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 <input type="checkbox"/> Memo Item
City	State	
Purpose of Disbursement	Zip Code	Transaction ID :
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).....	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** Memo Item
Ted Lieu

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
55000.00 55000.00 0.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2014 M 03 / D 31 / Y 2015 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

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* Memo Item
 Mailing Address: 6380 Wilshire Blvd # 1612
 Election: 2014
 Primary
 General
 Other (specify) ▼

City: Los Angeles State: CA ZIP Code: 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: 10 / 24 / 2014 Date Due: 10 / 24 / 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

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="49.00"/>		
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="720.52"/>

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="720.52"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="51028.08"/>
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="51028.08"/>