

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED

2014 OCT -9 AM 9:49
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12EE4M5 - MAIL CENTER

CAMPOS FOR CONGRESS

ADDRESS (number and street) 4229 REDLINE DRIVE

Check if different than previously reported. (ACC)

LAKWOOD CA 90713

2. FEC IDENTIFICATION NUMBER ▼

C 00513721

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

38

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 07^M / 01^D / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer TRACY CAMPOS

Signature of Treasurer *Tracy Campos*

Date 10 / 07 / 2014

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

Office Use Only							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

CAMPOS FOR CONGRESS

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 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))....	1 6 3 8 6 0	2 9 2 8 6 0
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1 6 3 8 6 0	2 9 2 8 6 0
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1 3 2 5 1 4	3 4 2 8 2 3
(b) Total Offsets to Operating Expenditures (from Line 14).....		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1 3 2 5 1 4	3 4 2 8 2 3
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1 1 8 4 3 6	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	7 4 2 1 9 6	

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)

Page 3

Write or Type Committee Name

CAMPOS FOR CONGRESS

Report Covering the Period: From: 07 / 01 / 2014 To: 09 / 30 / 2014

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).....

4 0 0 0 0

4 0 0 0 0

(ii) Unitemized.....

1 2 3 8 6 0

2 5 2 8 6 0

(iii) TOTAL of contributions from individuals ▶

1 6 3 8 6 0

2 9 2 8 6 0

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1 6 3 8 6 0

2 9 2 8 6 0

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

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

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

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

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

1 6 3 8 6 0

2 9 2 8 6 0

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1 3 2 5 1 4	3 4 2 8 2 3
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1 3 2 5 1 4	3 4 2 8 2 3

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8 7 0 9 0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1 6 3 8 6 0
25. SUBTOTAL (add Line 23 and Line 24).....	2 5 0 9 5 0
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1 3 2 5 1 4
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1 1 8 4 3 6

**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	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
CAMPOS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALBANESE, JAMES AND BOBBIE

Mailing Address
11822 MAPLE STREET

City **WHITTIER, CA** State Zip Code **90601**

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

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2014

Amount of Each Receipt this Period
20000

B. Full Name (Last, First, Middle Initial)
DAWSON, JOAN AND JANICE

Mailing Address
13126 E POINT REYES PL.

City **CERRITOS, CA** State Zip Code **90703**

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

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2014

Amount of Each Receipt this Period
20000

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)..... **40000**

TOTAL This Period (last page this line number only)..... **40000**

130001-10000

**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 OF	
	<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)
CAMPOS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. TRINITY WORLDWIDE REPROGRAPHICS

Date of Disbursement: 09 / 15 / 2014

Mailing Address: 12921 EAST 166TH STREET

City: CERITOS, CA 90703 State: Zip Code:

Purpose of Disbursement: ADVERTISING Category/Type: 004

Candidate Name:

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period: 21490

Full Name (Last, First, Middle Initial)
B. G.S.P. GRAPHIC SCREENPRINTING PROD., INC.

Date of Disbursement: 09 / 15 / 2014

Mailing Address: 5512 MITCHELLDALE

City: HOUSTON, TX 77092 State: Zip Code:

Purpose of Disbursement: ADVERTISING Category/Type: 004

Candidate Name:

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: District:

Amount of Each Disbursement this Period: 96251

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

Date of Disbursement: / /

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: Category/Type:

Candidate Name:

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: CA District:

Amount of Each Disbursement this Period:

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

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

117741

1001-1001-1001

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
CAMPOS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) CAMPOS, BENJAMIN	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4229 REDLINE DRIVE	
City LAKEWOOD	State CA
	ZIP Code 90713

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
		7 4 2 1 9 6

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	0 0 0
TOTALS This Period (last page in this line only).....▶	0 0 0

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

11001-1001-1001

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Page 1 of 1



From: (657) 731-0284
 BENJAMIN CAMPOS, JR, CPA
 BTC CERTIFIED PUBLIC ACCOUNTS
 8444 E. SPRING STREET #241
 LONG BEACH, CA 90815

Origin ID: LG8A

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Express

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11221 00020000

SHIP TO: (800) 424-9530
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 FEDERAL ELECTION COMMISSION
 FEDERAL ELECTION COMMISSION
 999 E ST NW
 WASHINGTON, DC 20463

Ship Date: 07/OCT/14
 ActWgt: 1.0 LB
 CAD: 7523528NET3550

Delivery Address Bar Code

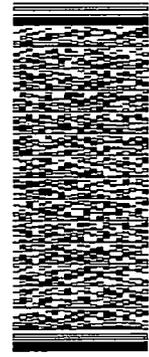
Ref # CAMPOS FOR CONGRESS
 Invoice #
 PO #
 Dept #

TRM# 7714 0982 2084
 0201

SK RDVA

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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>10/1/14</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

LS
 PREPARER

10/9/14
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