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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| 1. NAME OF COMMITTEE IN FULL<br>Jay Chen for Congress                                 |                                       |                   | 7                            |                                                 |
|---------------------------------------------------------------------------------------|---------------------------------------|-------------------|------------------------------|-------------------------------------------------|
| ADDRESS (number and street) 15902A Halliburton Road #210                              |                                       |                   | -                            |                                                 |
| CITY, STATE, and ZIP CODE                                                             |                                       |                   | _                            |                                                 |
| Hacienda Heights                                                                      | CA 91745                              |                   |                              |                                                 |
| 2. NAME OF CANDIDATE                                                                  | 3. OFFICE SOUGHT (State and District) |                   | 4. FEC IDENTIFICATION NUMBER |                                                 |
| Jay Chen                                                                              | House CA 39                           |                   | C00511584                    |                                                 |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING                                      | YES, IT AMENDS TH                     | E NOTICE FILED ON | //                           |                                                 |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                            | Name of Employer                      |                   | Date (month,                 | Amount                                          |
| SEIU COPE (Service Employees International Union<br>Committee On Political Education) |                                       |                   | day, year)<br>05/24/2012     | 5000.00                                         |
| 1800 Massachusetts Ave NW                                                             |                                       |                   | 00/24/2012                   | 0000.00                                         |
|                                                                                       | Transaction ID : C                    | 4183579           |                              |                                                 |
| Washington DO 20020                                                                   | Occupation                            |                   |                              |                                                 |
| Washington DC 20036                                                                   |                                       |                   |                              |                                                 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                            | Name of Employer                      |                   | Date (month,<br>day, year)   | Amount                                          |
|                                                                                       |                                       |                   | day, year)                   |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       | Occupation                            |                   |                              |                                                 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                            | Name of Employer                      |                   | Date (month,                 | Amount                                          |
| C. FULL NAME, MAILING ADDRESS AND ZIF CODE                                            | Name of Employer                      | vame of Employer  |                              | Amount                                          |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       | Occupation                            |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                            | Name of Employer                      |                   | Date (month,                 | Amount                                          |
|                                                                                       |                                       |                   | day, year)                   |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       | Occupation                            |                   |                              |                                                 |
|                                                                                       |                                       |                   | Date (month,                 | Amount                                          |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                            | DRESS AND ZIP CODE Name of Employer   |                   | day, year)                   | Amount                                          |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
|                                                                                       |                                       |                   |                              |                                                 |
| SIGNATURE (optional)                                                                  |                                       | DATE              | For further in               | formation contact:                              |
| Samuel Liu                                                                            | 05/25/2012                            |                   | Federal Election Commission  |                                                 |
|                                                                                       | [Electronically Filed]                |                   |                              | Washington, DC 20463<br>530, Local 202-694-1100 |
|                                                                                       |                                       |                   | 1                            |                                                 |

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