

# 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  
Abel Maldonado For Congress

ADDRESS (number and street) PO Box 5325  
 Check if different than previously reported. (ACC) Santa Maria CA 93456-5325

2. **FEC IDENTIFICATION NUMBER** C C00493379 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CA 24

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 04 / 01 / 2013 through M M / D D / Y Y Y Y 06 / 30 / 2013

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 Kelly Lawler

Signature of Treasurer Kelly Lawler *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2013

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)

Write or Type Committee Name

**Abel Maldonado For Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0	14225
(b) Total Contribution Refunds (from Line 20(d)) .....	0	5000
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0	9225
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	487.99	141548.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	5268.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	487.99	136280.44
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	5664.46	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	

**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

**Abel Maldonado For Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	12750
(ii) Unitemized.....	0	475
(iii) TOTAL of contributions from individuals ▶	0	13225
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	1000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0	14225
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	5268.45
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	1826.16
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0	21319.61

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	487.99	141548.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	5000
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	5000
21. OTHER DISBURSEMENTS .....	0	0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	487.99	146548.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6152.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0
25. SUBTOTAL (add Line 23 and Line 24).....	6152.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	487.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5664.46

**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 5 OF 7	
	<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)  
**Abel Maldonado For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2013
Mailing Address 3431 California Street		Amount of Each Disbursement this Period 19.55
City San Francisco State CA Zip Code 94118-1836	Purpose of Disbursement Bank Fee	
Candidate Name	Category/Type	Transaction ID : B-E-40228
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CompleteCampaigns.com a division of Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 425
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Administrative/Salary/Overhead: Software	
Candidate Name	Category/Type 001	Transaction ID : B-E-40119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 3431 California Street		Amount of Each Disbursement this Period 22.94
City San Francisco State CA Zip Code 94118-1836	Purpose of Disbursement Bank Fee	
Candidate Name	Category/Type	Transaction ID : B-E-40229
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	467.94
<b>TOTAL</b> 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 6 OF 7	
	<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)  
**Abel Maldonado For Congress**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo Bank</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 11 / 2013</b>	
Mailing Address <b>3431 California Street</b>			Amount of Each Disbursement this Period <b>20.5</b>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94118-1836</b>	Transaction ID : <b>B-E-40115</b>	
Purpose of Disbursement <b>Bank Fees</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>20.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>487.99</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Abel Maldonado For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Scott Howell & Company**

Mailing Address 3900 Willow Street  
Suite 200

City State Zip Code  
Dallas TX 75226-1248

Nature of Debt (Purpose):  
Advertising: Credit for unused Media

Outstanding Balance Beginning This Period **Transaction ID : SD10-DEBT40230**  
11500

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
-11500 0 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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