



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAL VOTERS FOR HONEST GOVERNMENT

Report Covering the Period: From:

MM/DD/YYYY  
04/01/2014

To:

MM/DD/YYYY  
06/30/2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, .....		
(b) Cash on Hand at Beginning of Reporting Period.....	100.00	100.00
(c) Total Receipts (from Line 19) .....	169,900.00	175,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	170,000.00	175,100.00
7. Total Disbursements (from Line 31) .....	69,721.00	173,336.00
8. Cash on Hand at Close of Reporting Period: (subtract Line 7 from Line 6(d)) .....	100,279.00	1,764.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	0

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

CAL VOTERS FOR HONEST GOVERNMENT

Report Covering the Period:

From:

04 ' 01 ' 2014

To:

06 ' 30 ' 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)

169,900.00

175,000.00

(ii) Unitemized

(iii) TOTAL (add

Lines 11(a)(i) and (ii)

169,900.00

175,000.00

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

169,900.00

175,000.00

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5)

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees

17. Other Federal Receipts

(Dividends, Interest, etc.)

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

169,900.00

175,000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	69,721.00	74,721.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	69,721.00	74,721.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....	0	9,865.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. 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 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69,721.00	173,336.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	69,721.00	173,336.00

FROM FINANCIAL

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	169,900.00	175,200.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	69,721.00	74,721.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	69,721.	74,721.00

140312713

**SCHEDULE A (FEC Form 3X)  
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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
**CAL VOTERS FOR HONEST GOVERNMENT**

A. Full Name (Last, First, Middle Initial)  
**VAN ROB'S MEDICAL, INC**

Mailing Address  
**2619 S. WATERMAN AVE**

City State Zip Code  
**SAN BERNARDINO CA 92408**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**94,900.00**

Date of Receipt  
**04 / 03 / 2014**

Amount of Each Receipt this Period  
**94,900.00**

B. Full Name (Last, First, Middle Initial)  
**VAN ROB'S MEDICAL INC**

Mailing Address  
**2619 S. WATERMAN AVE**

City State Zip Code  
**SAN BERNARDINO CA 92408**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**144,900.00**

Date of Receipt  
**04 / 15 / 2014**

Amount of Each Receipt this Period  
**50,000.00**

C. Full Name (Last, First, Middle Initial)  
**VAN ROB'S MEDICAL INC**

Mailing Address  
**2619 S. WATERMAN AVE**

City State Zip Code  
**SAN BERNARDINO CA 92408**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**169,900.00**

Date of Receipt  
**05 / 23 / 2014**

Amount of Each Receipt this Period  
**25,000.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **169,900.00**

**TOTAL** This Period (last page this line number only).....▶ **169,900.00**

11041-1001-1004

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE / OF 8

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**CAL VOTERS FOR HONEST GOVERNMENT**

Full Name (Last, First, Middle Initial)

A. **DIAZ, JOHNNY JR**

Mailing Address  
**8819 WHITTIER BL STE 105**

City State Zip Code  
**PICO RIVERA CA 90660**

Purpose of Disbursement  
**ACCOUNTING EXP.**

Candidate Name  
**JOE BACA**

Office Sought:  House  Senate  President  
State: **CA** District: **31**

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

**04 19 2014**

Amount of Each Disbursement this Period

**1200.00**

B. **DIAZ, JOHNNY JR**

Mailing Address  
**8819 WHITTIER BL STE 105**

City State Zip Code  
**PICO RIVERA CA 90660**

Purpose of Disbursement  
**ACCOUNTING EXP.**

Candidate Name  
**JOE BACA**

Office Sought:  House  Senate  President  
State: **CA** District: **31**

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

**05 28 2014**

Amount of Each Disbursement this Period

**1200.00**

C. **F&A DESIGN**

Mailing Address  
**P.O. BOX 173**

City State Zip Code  
**SAN BERNARDINO CA 92408**

Purpose of Disbursement  
**PRINTING**

Candidate Name  
**JOE BACA**

Office Sought:  House  Senate  President  
State: **CA** District: **31**

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

**04 09 2014**

Amount of Each Disbursement this Period

**1000.00**

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

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

**3400.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

CAL VOTERS FOR HONEST GOVERNMENT

Full Name (Last, First, Middle Initial)

AGAFF DESIGN

Mailing Address

P.O. Box 173

City State Zip Code

SAN BERNARDINO CA 92408

Purpose of Disbursement

PRINTING

Candidate Name

JOE BACA

004  
Category/Type

Date of Disbursement

MM/DD/YYYY  
04/22/2014

Amount of Each Disbursement this Period

1,500.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: CA District: 31

Full Name (Last, First, Middle Initial)

B. GONZALES ANGEL PYRAMID PRESS

Mailing Address

5037 W. JEFFERSON BL

City State Zip Code

Los Angeles CA 90016

Purpose of Disbursement

PRINTING

Candidate Name

JOE BACA

004  
Category/Type

Date of Disbursement

MM/DD/YYYY  
04/21/2014

Amount of Each Disbursement this Period

1,500.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: CA District: 31

Full Name (Last, First, Middle Initial)

C. GONZALES ANGEL PYRAMID PRESS

Mailing Address

5037 W. JEFFERSON BL

City State Zip Code

Los Angeles CA 90016

Purpose of Disbursement

PRINTING

Candidate Name

JOE BACA

004  
Category/Type

Date of Disbursement

MM/DD/YYYY  
05/01/2014

Amount of Each Disbursement this Period

3,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: CA District: 31

SUBTOTAL of Disbursements This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

6,000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 3 OF 8

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

CAL VOTERS FOR HONEST GOVERNMENT

Full Name (Last, First, Middle Initial)

A. CALDERON, CHARLES

Date of Disbursement

04' 27' 2014

Mailing Address

1200 A W. BEVERLY BL # A

CITY MONTEBELLO CA STATE CA ZIP CODE 90640

Purpose of Disbursement

CONSULTING

003

Amount of Each Disbursement this Period

1500

Candidate Name

JOE BACA

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: CA

District: 31

Full Name (Last, First, Middle Initial)

B. MATSON CAPITAL

Date of Disbursement

04' 27' 2014

Mailing Address

1501 INDIA ST. STE 1013-17

CITY SAN DIEGO CA STATE CA ZIP CODE 92101

Purpose of Disbursement

MEDIA CONSULTING

003

Amount of Each Disbursement this Period

5000

Candidate Name

JOE BACA

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: CA

District: 31

Full Name (Last, First, Middle Initial)

C. CMMS LLC

Date of Disbursement

05' 09' 2014

Mailing Address

2130 B YALE ST

CITY SANTA ANA CA STATE CA ZIP CODE 92704

Purpose of Disbursement

ADVERTISING

004

Amount of Each Disbursement this Period

5000

Candidate Name

JOE BACA

Category/Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: CA

District: 31

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

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

115000

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 8

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**CAL VOTERS FOR HONEST GOVERNMENT**

Full Name (Last, First, Middle Initial)

**A. C MMS LLC**

Mailing Address: **2130 B YALE ST**

City: **SANTA ANA CA** State: **CA** Zip Code: **92704**

Purpose of Disbursement: **ADVERTISING**

Candidate Name: **JOE BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement

**05** / **21** / **2014**

Amount of Each Disbursement this Period

**7,098.00**

**B. GOLDEN STATE CONSULTANTS**

Mailing Address: **8331 WELLSFORD PLACE #C**

City: **SANTA FE SPRINGS, CA** State: **CA** Zip Code: **90670**

Purpose of Disbursement: **CONSULTING**

Candidate Name: **JOE BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement

**04** / **19** / **2014**

Amount of Each Disbursement this Period

**4,000.00**

**C. R&M ASSOCIATES**

Mailing Address: **8331 WELLSFORD PLACE #C**

City: **SANTA FE SPRINGS CA** State: **CA** Zip Code: **90670**

Purpose of Disbursement: **CONSULTING**

Candidate Name: **JOE BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement

**04** / **19** / **2014**

Amount of Each Disbursement this Period

**4,000.00**

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

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

**15,098.00**

**15,098.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check/only one)						PAGE 5 OF 8
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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)  
**CAL VOTERS FOR HONEST GOVERNMENT**

**A. R & M ASSOCIATES**

Full Name (Last, First, Middle Initial)

Mailing Address: **8531 Wellsford Place #C**

City: **SANTA FE SPRINGS CA** State: **CA** Zip Code: **90670**

Purpose of Disbursement: **CONSULTING** Category/Type: **003**

Candidate Name: **JOE BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement: **04/09/2014**

Amount of Each Disbursement this Period: **4000.00**

**B. LAMAR OUTDOOR**

Full Name (Last, First, Middle Initial)

Mailing Address: **24541 Redlands BL**

City: **LOMA LINDA CA** State: **CA** Zip Code: **92354**

Purpose of Disbursement: **OUTDOOR ADVERTISEMENT** Category/Type: **004**

Candidate Name: **JOE BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement: **04/04/2014**

Amount of Each Disbursement this Period: **4995.00**

**C. LAMAR OUTDOOR**

Full Name (Last, First, Middle Initial)

Mailing Address: **24541 Redlands BL**

City: **LOMA LINDA CA** State: **CA** Zip Code: **92354**

Purpose of Disbursement: **OUTDOOR ADVERTISEMENT** Category/Type: **004**

Candidate Name: **JOE BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement: **04/14/2014**

Amount of Each Disbursement this Period: **7755.00**

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **16750.00**

**TOTAL** This Period (last page this line number only)..... ▶ **16750.00**



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

CAL VOTERS FOR HONEST GOVERNMENT

Full Name (Last, First, Middle Initial)

A. CHEMANARIA CONSULTANTS

Mailing Address  
425 W. BEACH ST #143

City SAN DIEGO CA State Zip Code 92101

Purpose of Disbursement  
CONSULTING

Candidate Name  
JOE BACA

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

State: CA District: 31

Date of Disbursement

04/19/2014

Amount of Each Disbursement this Period

3995.00

B. CHEMANARIA CONSULTANTS

Mailing Address  
425 W. BEACH ST #143

City SAN DIEGO CA State Zip Code 92101

Purpose of Disbursement  
CONSULTING

Candidate Name  
JOE BACA

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

State: CA District: 31

Date of Disbursement

04/25/2014

Amount of Each Disbursement this Period

3,995.00

C. CHEMANARIA CONSULTANTS

Mailing Address  
425 W. BEACH ST #143

City SAN DIEGO CA State Zip Code 92101

Purpose of Disbursement  
CONSULTING

Candidate Name  
JOE BACA

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

State: CA District: 31

Date of Disbursement

05/12/2014

Amount of Each Disbursement this Period

644.00

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

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

8,634.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										PAGE 8 OF 8
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)  
**CAL VOTERS FOR HONEST GOVERNMENT**

**A.** Full Name (Last, First, Middle Initial)  
**CHE MAN ARIA CONSULTANTS**

Mailing Address  
**425 W. BEACH ST. # 143**

City **SAN DIEGO** State **CA** Zip Code **92101**

Purpose of Disbursement  
**CONSULTING**

Candidate Name  
**DE, BACA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **CA** District: **31**

Date of Disbursement  
**05 / 23 / 2014**

Amount of Each Disbursement this Period  
**1744.00**

Category/Type  
**003**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

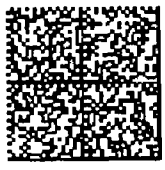
Category/Type

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

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

**1744.00**

UNITED STATES POSTAGE  
PITNEY BOWES  
\$ 001.40  
02 1P  
0001761098 JUL 15 2014  
MAILED FROM ZIP CODE 90660



JOHN R. DIAZ & ASSOC.  
8819 WHITTIER BLVD., STE. 105  
PICO RIVERA, CA 90660

TO: *Federal Election Comm.*  
*999 E. STREET, N. W.*  
*WASHINGTON D.C. 20463*

FIRST CLASS MAIL

RECEIVED

2014 JUL 21 AM 11:41  
FEC MAIL CENTER



USPS TRACKING #



9114 9011 5981 8128 2561 37



Label 107R, July 2013

Domestic Use Only

Label 400 Jan. 2013  
7690-16-000-7948

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 7/15/14
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	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

*JAP*  
 PREPARER  
 (8/2013)

7/21/14  
 DATE PREPARED

15041-105-10001