

**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 6 OF 8

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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)

Matt Dababneh for Assembly 2014

**A. Reza Abbaszadeh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 301 Mission Street, Apt. 50A  
 City State Zip Code  
 San Francisco, CA, 94105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Premier Access Insurance CEO & President  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt  
 05 / 01 / 2014  
 Amount of Each Receipt this Period  
 1000.00

**B. Nader Abdelmaseh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 17370 Blue Ridge  
 City State Zip Code  
 Riverside, CA, 92503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Loma Linda University Health Associate Director  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt  
 05 / 01 / 2014  
 Amount of Each Receipt this Period  
 500.00

**C. Kareem Ahmed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 6616 Murietta Court  
 City State Zip Code  
 Rancho Cucamonga, CA, 91739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Landmark Medical Management President  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **3500.00**

Date of Receipt  
 04 / 30 / 2014  
 Amount of Each Receipt this Period  
 3500.00

**SUBTOTAL** of Receipts This Page (optional)..... **5000.00**  
**TOTAL** This Period (last page this line number only).....

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