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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Authoriz	zed Committee	Office	e Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Friends of Stan Tran	l 			
	274 South Main St.			1
ADDRESS (number and street)	Apt. 38			
Check if different than previously reported. (ACC)	Providence		RI 02903	3
2. FEC IDENTIFICATION	NUMBER ▼	CITY	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00560490		S THIS NEW (N) OR	AMENDED (A)	RI 01
4. TYPE OF REPORT (a) Quarterly Reports:	(b) 12	2-Day PRE -Election Report for the Primary (12P)	: General (12G)	Runoff (12R)
April 15 Quarter July 15 Quarter		Convention (12C)	Special (12S)	
October 15 Qua	arterly Report (Q3)	Election on	/ Y Y Y Y	in the State of
January 31 Year	r-End Report (YE) (c) 30	D-Day POST -Election Report for th	ne:	
		General (30G)	Runoff (30R)	Special (30S)
X Termination Rep		Election on	/ Y " Y " Y	in the State of
5. Covering Period		through 10	M / D D / Y D 16	Y Y Y 2014
-		st of my knowledge and belief it is	true, correct and com	nplete.
Type or Print Name of Treas	Ms Alyson Neary Chat Ms Alyson Neary Chatham	[Electronically Filed]	Date 10 /	16 / Y Y Y Y Y Y 2014
NOTE: Submission of false, er	roneous, or incomplete inform	nation may subject the person signin	ng this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only				EC FORM 3 Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

Friends	s of	Stan	Tran
I HOHA	J ()	Otaii	Han

10 16 2014 16 2014 Report Covering the Period: From: To: **COLUMN B COLUMN A** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 9802.99 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 9802.99 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 13933.89 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 13933.89 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 5869.10 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 10000.00 Schedule C and/or Schedule D).....

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 PAGE 3 / 8 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Stan Tran

10 16 2014 10 16 2014 Report Covering the Period: From: To:

I. R	ECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. CONTRIBUTIONS	S (other than loans) FROM:			
Political Cor	Persons Other Than nmittees (use Schedule A)	0.00	6050.00	
(ii) Unitemiz	ed	0.00	3160.00	
	of contributions	0.00	9210.00	
	ty Committees	0.00	0.00	
` '	Cs)	0.00	0.00	
(e) TOTAL CON	ate TRIBUTIONS	0.00	592.99	
(other than I (add Lines 1	oans) 1(a)(iii), (b), (c), and (d))	0.00	9802.99	
2. TRANSFERS FRO AUTHORIZED CO	OM OTHER DMMITTEES	0.00	0.00	
3. LOANS:	aranteed by the			
	aranteed by the	0.00	10000.00	
(b) All Other Lo	ans	0.00	0.00	
` '	3(a) and (b))	0.00	10000.00	
4. OFFSETS TO OF EXPENDITURES	PERATING			
(Refunds, Rebate	es, etc.)	0.00	0.00	
OTHER RECEIPT (Dividends, Interes)	S est, etc.)	0.00	0.00	
6. TOTAL RECEIPT 11(e), 12, 13(c), (Carry Total to Li		0.00	19802.99	

DETAILED SUMMARY PAGE

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	13933.89
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
 20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	5869.10	5869.10
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	5869.10	19802.99
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT	RTING PERIOD	5869.10
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		5869.10
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	5869.10
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		0.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS		Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 5 OF 8 (check only one) 17
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
\rangle	NAME OF COMMITTEE (In Full) Friends of Stan Tran	, ,		
_	Full Name (Last, First, Middle Initial) Mr. Stanford Tran			Date of Disbursement
٦.	Mailing Address 24 Preston st			10 16 7 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Providence RI Purpose of Disbursement	02906		5869.10
	Repayment of Loan by Candidate Candidate Name Mr. Stanford Tran		Category/	Transaction ID : SB21.4257
	Office Sought: House Senate Primary Other (state: RI District: 01	General	Type	
	Full Name (Last, First, Middle Initial)			Date of Disbursement
3.	Marie - Address			M M / D D / Y Y Y
	Mailing Address			
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
	Office Sought: House Senate Primary President State: Disbursement For: Primary Other (s	General		
	Full Name (Last, First, Middle Initial)			
Э.				Date of Disbursement
	Mailing Address			
	City State Zip	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	J
	Office Sought: House Senate Primary President State: Disbursement For: Other (s	General		
	SUBTOTAL of Disbursements This Page (optional)			5869.10
				5869.10
- 1	OTAL This Period (last page this line number only)			

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

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eck only one)	13a
	13b

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DANS			Detailed Summary Pag	e (check only one) 13a
AME OF COMMITTEE (In Full) riends of Stan Tran			Transac	tion ID : SC/9.4257
LOAN SOURCE Full Name (Las Mr. Stanford Tran	t, First, Middle Ini	tial)		Election: 2014 Primary General
Mailing Address 24 Preston st				Other (specify)
City Providence	State RI	ZIP Coo 02906	de	
Original Amount of Loan	Cum	ulative Payment To	Date Bala	nce Outstanding at Close of This Period
58	369.10		0.00	5869.10
TERMS Date Incurred M 10 M / D 16 D / Y 201	4	Date Due	Interest Rate	Secured: % (apr) Yes No
List All Endorsers or Guaranton 1. Full Name (Last, First, Middle		Source	Name of Employer	
	e muai)			
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	9 9 9
4. Full Name (Last, First, Middle	Initial)		Name of Employer	
Mailing Address			Occupation	
City	State ZIP	Code	Amount Guaranteed Outstanding:	9
UBTOTALS This Period This Page	e (optional)		<u> </u>	5869.10
OTALS This Period (last page in t	his line only)		······	5869.10
arry outstanding balance only to	LINE 3, Schedule	D, for this line. If	no Schedule D, carry forw	vard to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X	13a
	13b

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OF

AME OF COMMITTEE (In Full) Friends of Stan Tran	Transaction ID : SC/10.4167
LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Stanford Tran	Election: 2014 Primary General
Mailing Address 24 Preston st	Other (specify)
City State ZIP C Providence RI 0290	
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
Date Incurred Date Du M 05 M / D 06 D / Y 2014 Y M M / D D / Y	ue Interest Rate Secured: 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
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)	5000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line.	

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4229 NAME OF COMMITTEE (In Full) Friends of Stan Tran LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary Mr. Stanford Tran General Mailing Address Other (specify) \blacktriangledown 24 Preston st City State ZIP Code RΙ 02906 Providence Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M08^M ž014 0.00 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only) 10000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.