



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Stan Tran**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2275.00	7902.99
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2275.00	7902.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11345.37	13933.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11345.37	13933.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3969.10	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10000.00	

**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

**Friends of Stan Tran**

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).....	900.00	4800.00
(ii) Unitemized.....	1375.00	2510.00
(iii) TOTAL of contributions from individuals ▶	2275.00	7310.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	592.99
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2275.00	7902.99
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	5000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	10000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7275.00	17902.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11345.37	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 .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11345.37	13933.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8039.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7275.00
25. SUBTOTAL (add Line 23 and Line 24).....	15314.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11345.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3969.10

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Stan Tran**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Rix**

Mailing Address 1320 Main Rd

City Tiverton State RI Zip Code 02878

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

Name of Employer Sakonnet Veterinary Hospital Occupation Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2107 Sherry st.

City Arlington State TX Zip Code 76010

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

Name of Employer self employed Occupation business owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
400.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

900.00

900.00



**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 7 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stan Tran**

Full Name (Last, First, Middle Initial) <b>A. Joanna Chatham</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 274 South Main St. apt. 38		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.4212</b>
City Providence State RI Zip Code 02903	Purpose of Disbursement Advertising	
Candidate Name <b>Friends of Stan Tran</b>		Category/Type
Office Sought: <input checked="" 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: RI District: 01		

Full Name (Last, First, Middle Initial) <b>B. Joanna Chatham</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 274 South Main St. apt. 38		Amount of Each Disbursement this Period 294.00 <b>Transaction ID : SB17.4211</b>
City Providence State RI Zip Code 02903	Purpose of Disbursement Advertising	
Candidate Name <b>Friends of Stan Tran</b>		Category/Type
Office Sought: <input checked="" 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: RI District: 01		

Full Name (Last, First, Middle Initial) <b>c. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 997.64 <b>Transaction ID : SB17.4209</b>
City Providence State RI Zip Code 02906	Purpose of Disbursement Advertising	
Candidate Name <b>Friends of Stan Tran</b>		Category/Type
Office Sought: <input checked="" 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: RI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1536.64
<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 8 OF 11			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Stan Tran**

Full Name (Last, First, Middle Initial) <b>A. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : SB17.4213</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Travel	Category/ Type
Candidate Name <b>Friends of Stan Tran</b>	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4214</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Staff stipend	Category/ Type
Candidate Name <b>Friends of Stan Tran</b>	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4215</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Staff Stipend	Category/ Type
Candidate Name <b>Friends of Stan Tran</b>	Office Sought: <input checked="" 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: RI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1720.00
<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 9 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Stan Tran**

Full Name (Last, First, Middle Initial) <b>A. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.4208</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Advertising	Category/ Type
Candidate Name <b>Friends of Stan Tran</b>	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) <b>B. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 5038.73 <b>Transaction ID : SB17.4210</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement advertising	Category/ Type
Candidate Name <b>Friends of Stan Tran</b>	Office Sought: <input checked="" 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: RI District: 01	

Full Name (Last, First, Middle Initial) <b>c. Mr. Stanford Tran</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 24 Preston st		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4216</b>
City Providence	State RI	
Zip Code 02906	Purpose of Disbursement Staff Stipends	Category/ Type
Candidate Name <b>Friends of Stan Tran</b>	Office Sought: <input checked="" 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: RI District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8088.73
<b>TOTAL</b> This Period (last page this line number only).....	11345.37

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME 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  
 Other (specify) ▼

Mailing Address  
24 Preston st

City State ZIP Code  
Providence RI 02906

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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**TERMS**

Date Incurred: M 05 / D 06 / Y 2014  
Date Due: M / D / Y  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. 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

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Friends of Stan Tran** Transaction ID : **SC/10.4229**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mr. Stanford Tran</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 24 Preston st	

City	State	ZIP Code
Providence	RI	02906

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:
08 / 15 / 2014		0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. 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:

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> 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.