

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

RECEIVED
FEDERAL CENTER
2018 APR 13 AM 9:44

| | |
|---|---|
| 1. (a) Name of Individual, Organization or Corporation IDT Commons | |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1105 S. Euclid St D280 | |
| (c) City, State and ZIP Code Fullerton CA 92832 | |
| 2. Occupation and Name of Employer (for Individual Filers Only) | 3. FEC Identification Number C 00672964 |

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report 24-Hour Report
 October 15 Quarterly Report 48-Hour Report
 January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD: FROM 01 / 01 / 2018
THROUGH 03 / 31 / 2018

6. TOTAL CONTRIBUTIONS..... 4700.00
7. TOTAL INDEPENDENT EXPENDITURES..... 277.626

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Hester Lee

04/11/2018

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

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 FILER (In Full)

IDT Commons

A. Full Name (Last, First, Middle Initial)

LEE, Heather H

Mailing Address

3030 Blandford Dr.

City

Rowland Heights, CA

State

Zip Code

91748

FEC ID number of contributing federal political committee.

C 00672964

Date of Receipt

01 / 02 / 2018

Amount of Each Receipt this Period

470000

Name of Employer

IDT Concierge

Occupation

Physician

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Date of Receipt

Amount of Each Receipt this Period

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

20180901 14:01:40

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
IDT Commons

| | | | |
|---|-----------------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee <i>FedEx office</i> | | Date of Public Distribution/Dissemination MM ' DD ' YYYY <i>01 ' 03 ' 2018</i> | |
| Mailing Address <i>31886 Del Obispo St.</i> | | Amount <i>500.00</i> | |
| City <i>San Juan Capistrano</i> | State <i>CA</i> | Zip Code <i>92675</i> | |
| Purpose of Expenditure <i>Printing materials</i> | Category/Type <i>001</i> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: <i>NONE</i> | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-----------------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee <i>FedEx office</i> | | Date of Public Distribution/Dissemination MM ' DD ' YYYY <i>01 ' 03 ' 2018</i> | |
| Mailing Address <i>31886 Del Obispo St.</i> | | Amount <i>470.32</i> | |
| City <i>San Juan Capistrano</i> | State <i>CA</i> | Zip Code <i>92675</i> | |
| Purpose of Expenditure <i>Office materials/printing</i> | Category/Type <i>001</i> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: <i>NONE</i> | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | | | |
|---|-----------------------------|---|---------------------------------|
| Full Name (Last, First, Middle Initial) of Payee <i>City National Bank</i> | | Date of Public Distribution/Dissemination MM ' DD ' YYYY <i>03 ' 30 ' 2018</i> | |
| Mailing Address <i>9 Executive Circle</i> | | Amount <i>22.00</i> | |
| City <i>IRVINE</i> | State <i>CA</i> | Zip Code <i>92614</i> | |
| Purpose of Expenditure <i>Bank Charge</i> | Category/Type <i>001</i> | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: <i>NONE</i> | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <i>992.32</i> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
DDT Commons

| | | | | | |
|---|--------------------|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee <i>Ted Ex Office</i> | | | Date of Public Distribution/Dissemination MM / DD / YYYY <i>02 / 01 / 2018</i> | | |
| Mailing Address <i>31886 Del Obispo St.</i> | | | Amount <i>723.96</i> | | |
| City <i>San Juan Capistrano</i> | State <i>CA</i> | Zip Code <i>92675</i> | Purpose of Expenditure <i>Printing materials</i> | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: <i>NONE</i> | | | Category/Type <i>501</i> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | | |
| | | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |

| | | | | | |
|---|--------------------|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee <i>Ted Ex Office</i> | | | Date of Public Distribution/Dissemination MM / DD / YYYY <i>02 / 01 / 2018</i> | | |
| Mailing Address <i>31886 Del Obispo St.</i> | | | Amount <i>59.98</i> | | |
| City <i>San Juan Capistrano</i> | State <i>CA</i> | Zip Code <i>92675</i> | Purpose of Expenditure <i>Supplies (Printing materials)</i> | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: <i>NONE</i> | | | Category/Type <i>501</i> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | | |
| | | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |

| | | | | | |
|--|-------|----------|--|--|--|
| Full Name (Last, First, Middle Initial) of Payee | | | Date of Public Distribution/Dissemination MM / DD / YYYY | | |
| Mailing Address | | | Amount | | |
| City | State | Zip Code | Purpose of Expenditure | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | | Category/Type | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President | | |
| | | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ | | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | <i>783.94</i> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <i>59.98</i> |
| (c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7) | <i>843.92</i> |

20180414 14:00:00

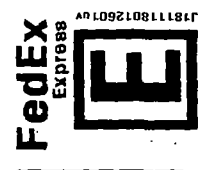
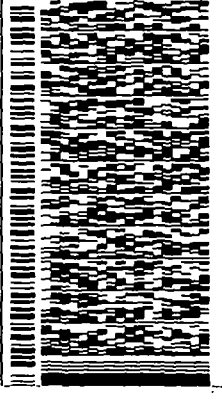
ACTWT: 0.30 LB
CAD: 006994673/SSFE1903
BILL CREDIT CARD

3030 BLANDFORD DR
ROMLAND HEIGHTS, CA 91748
UNITED STATES US

0 FEC
1050 1ST ST NE
WASHINGTON DC 20002

REF: (202) 650-2316
INVT: P.O.

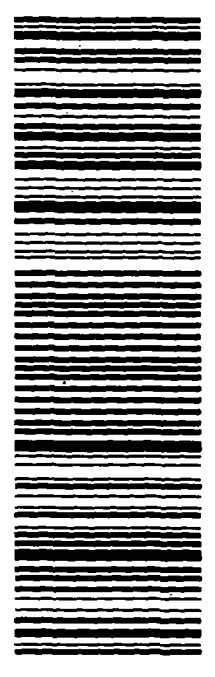
DEPT:



FRI - 13 APR 3:00P
STANDARD OVERNIGHT

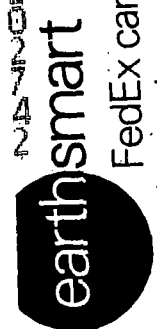
TRK# 7804 8647 1614
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DC-US IAD



FEC

1050 First St. NE
NE, Washington DC 20002



FedEx carbon-neutral
envelope shipping

RT 723
16:00
1614
04.13
wash
FZ

IDT Commons
115 S. Euclid St. D280
Fullerton, CA 92832

FEC MAIL CENTER
2018 APR 13 AM 9:44



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 | Date of Receipt |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): Fed Ex | Shipping Date 4/12/18 |
| | Next Business Day Delivery <input checked="" 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 |
| ES PREPARER (3/2015) | 4/13/18 DATE PREPARED |

2018-04-14 11:01 AM BONDING