

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
**MOORLACH FOR CONGRESS**

ADDRESS (number and street) 360 E. 1ST STREET, STE. 736  
 Check if different than previously reported. (ACC) TUSTIN CA 92780

2. **FEC IDENTIFICATION NUMBER** ▼ C C00552471 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
CA 45

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer FLORA YIN

Signature of Treasurer FLORA YIN [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MOORLACH FOR CONGRESS**

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))....	17323.00	63636.00
(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)).....	17323.00	63636.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	43386.72	53008.07
(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)).....	43386.72	53008.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10630.93	
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).....	0.00	

**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

**MOORLACH FOR CONGRESS**

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).....	16000.00	60700.00
(ii) Unitemized.....	823.00	2436.00
(iii) TOTAL of contributions from individuals ▶	16823.00	63136.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17323.00	63636.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	3.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	17323.00	63639.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43386.72	53008.07
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) ►	43386.72	53008.07

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36694.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17323.00
25. SUBTOTAL (add Line 23 and Line 24).....	54017.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43386.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10630.93

**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 17
	<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	

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)  
**MOORLACH FOR CONGRESS**

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

Mailing Address 3912 CALLE ARIANA

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Occupation  
KIM C. BENGARD INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 11 / 2014

**Transaction ID : INCA120**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3912 CALLE ARIANA

City State Zip Code  
SAN CLEMENTE CA 92672

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

Name of Employer Occupation  
THOMAS P. BENGARD INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 11 / 2014

**Transaction ID : INCA119**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1527 SEACREST DR.

City State Zip Code  
CORONA DEL MAR CA 92625

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

Name of Employer Occupation  
CALIFORNIA HEALTH AND WELLNESS PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : INCA136**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 6 OF 17
	<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)  
**MOORLACH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BEVERLY HENDRICKSON**

Mailing Address 23 TESSERA

City State Zip Code  
FOOTHILL RANCH CA 92610

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

Name of Employer Occupation  
RETIRE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 13 / 2014

**Transaction ID : INCA116**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 23 TESSERA

City State Zip Code  
FOOTHILL RANCH CA 92610

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

Name of Employer Occupation  
RETIRE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 13 / 2014

**Transaction ID : INCA134**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 30822 VIA VISTA

City State Zip Code  
COTO DE CAZA CA 92679

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

Name of Employer Occupation  
HUGHES AND HUGHES, LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : INCA138**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 7 OF 17
	<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)  
**MOORLACH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CARLA JACOBS**

Mailing Address **775 S. OAKWOOD**

City **ORANGE** State **CA** Zip Code **92869**

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

Name of Employer **ROY W. SMITH FOUNDATION** Occupation **NONPROFIT MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 30 / 2014**

**Transaction ID : INCA123**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **16562 GRAHAM PL.**

City **HUNTINGTON BEACH** State **CA** Zip Code **92649**

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

Name of Employer **KELTER BROTHERS LLC** Occupation **CONTRACTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 28 / 2014**

**Transaction ID : INCA124**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **P.O. BOX 9529**

City **NEWPORT BEACH** State **CA** Zip Code **92658**

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

Name of Employer **DEAN R. KOONTZ** Occupation **WRITER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

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

**Transaction ID : INCA103**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3350.00**

**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 8 OF 17
	<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)  
**MOORLACH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GERDA A. KOONTZ**

Mailing Address **P.O. BOX 9529**

City **NEWPORT BEACH** State **CA** Zip Code **92658**

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

Name of Employer Occupation  
**HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

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

**Transaction ID : INCA104**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **1 CANDLEBUSH**

City **IRVINE** State **CA** Zip Code **92603**

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

Name of Employer Occupation  
**BONA FIDE MORTGAGE, INC. PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 11 / 2014**

**Transaction ID : INCA118**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **9303 VIA BALBOA CIR.**

City **BUENA PARK** State **CA** Zip Code **90620**

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

Name of Employer Occupation  
**RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 10 / 2014**

**Transaction ID : INCA130**

Amount of Each Receipt this Period  
**1000.00**

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

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

**4600.00**



**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 9 OF 17
	<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)  
**MOORLACH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CATHERINE RICHARDSON**

Mailing Address **34619 CALLE PORTOLA**

City **CAPISTRANO BEACH** State **CA** Zip Code **92624**

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

Name of Employer **SHEPPARD MULLIN** Occupation **LEGAL SECRETARY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 07 / 2014**

**Transaction ID : INCA147**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address **900 ALDER PL.**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 04 / 2014**

**Transaction ID : INCA88**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **1 OAKBROOK**

City **COTO DE CAZA** State **CA** Zip Code **92679**

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

Name of Employer **UBS FINANCIAL SERVICES INC.** Occupation **SENIOR VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 15 / 2014**

**Transaction ID : INCA131**

Amount of Each Receipt this Period  
**350.00**

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

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

**1050.00**

**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 10 OF 17
	<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)  
**MOORLACH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH L. WAYMAN**

Mailing Address 1967 BALEARIC DR.

City COSTA MESA State CA Zip Code 92626

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

Name of Employer Occupation  
RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 03 / 2014

**Transaction ID : INCA132**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 15785 LAGUNA CANYON RD., #390

City IRVINE State CA Zip Code 92618

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

Name of Employer Occupation  
KEN WILLIAMS PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : INCA125**

Amount of Each Receipt this Period  
 1000.00

**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

Amount of Each Receipt this Period

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

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

2000.00

16000.00

**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 11 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MOORLACH FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HUITT-ZOLLARS, INC FEDERAL PAC**

Mailing Address 1717 MCKINNEY AVE., STE. 1400

City State Zip Code  
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C** C00543710

Name of Employer Occupation

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  
 02 / 12 / 2014

**Transaction ID : INCA133**

Amount of Each Receipt this Period  
500.00

**B.** 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

**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).....

500.00

500.00

**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 12 OF 17	
	<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)  
**MOORLACH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BIEBER COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3609 W. MACARTHUR BLVD., #812		Amount of Each Disbursement this Period 635.73 <b>Transaction ID : EXPB141</b>
City SANTA ANA State CA Zip Code 92704	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BIEBER COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3609 W. MACARTHUR BLVD., #812		Amount of Each Disbursement this Period 657.28 <b>Transaction ID : EXPB142</b>
City SANTA ANA State CA Zip Code 92704	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GRIDIRON COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 2302 CRYSTAL LANE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : EXPB127</b>
City PASADENA State CA Zip Code 91107	Purpose of Disbursement CONSULTANT - CAMPAIGN/MEDIA 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6293.01
<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 13 OF 17	
	<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)  
**MOORLACH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LAWRENCE RESEARCH</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1450 N. TUSTIN AVE., STE. 150		Amount of Each Disbursement this Period 11250.00 <b>Transaction ID : EXPB121</b>
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement POLLING 005 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAWRENCE RESEARCH</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 1450 N. TUSTIN AVE., STE. 150		Amount of Each Disbursement this Period 11250.00 <b>Transaction ID : EXPB135</b>
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement POLLING 005 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PHYLLIS SCHNEIDER &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 360 E. 1ST ST., #736		Amount of Each Disbursement this Period 5520.45 <b>Transaction ID : EXPB102</b>
City TUSTIN State CA Zip Code 92780	Purpose of Disbursement CONSULTANT - FUNDRAISING 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	28020.45
<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 14 OF 17			
	<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)  
**MOORLACH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. QGIV, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 53 LAKE MORTON DR.		Amount of Each Disbursement this Period 365.68
City LAKELAND	State FL	
Zip Code 33801	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<b>Transaction ID : EXPB101</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. QGIV, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 53 LAKE MORTON DR.		Amount of Each Disbursement this Period 42.63
City LAKELAND	State FL	
Zip Code 33801	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<b>Transaction ID : EXPB122</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. QGIV, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 53 LAKE MORTON DR.		Amount of Each Disbursement this Period 111.08
City LAKELAND	State FL	
Zip Code 33801	Purpose of Disbursement CREDIT CARD PROCESSING FEES	<b>Transaction ID : EXPB139</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	519.39
<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 15 OF 17			
	<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)  
**MOORLACH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. REED &amp; DAVIDSON, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 3699 WILSHIRE BLVD., STE. 1290		Amount of Each Disbursement this Period 297.18 <b>Transaction ID : EXPB111</b>
City LOS ANGELES State CA Zip Code 90010	Purpose of Disbursement LEGAL EXPENSES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. REED &amp; DAVIDSON, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 3699 WILSHIRE BLVD., STE. 1290		Amount of Each Disbursement this Period 3837.07 <b>Transaction ID : EXPB115</b>
City LOS ANGELES State CA Zip Code 90010	Purpose of Disbursement LEGAL EXPENSES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. REED &amp; DAVIDSON, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 3699 WILSHIRE BLVD., STE. 1290		Amount of Each Disbursement this Period 1593.00 <b>Transaction ID : EXPB143</b>
City LOS ANGELES State CA Zip Code 90010	Purpose of Disbursement LEGAL EXPENSES 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5727.25
<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 16 OF 17			
	<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)  
**MOORLACH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SECRETARY OF STATE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address 1500 11TH STREET		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : EXPB128</b>
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement FILING FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address P.O. BOX 30086		Amount of Each Disbursement this Period 177.00 <b>Transaction ID : EXPB113</b>
City LOS ANGELES	State CA	
Zip Code 90030	Purpose of Disbursement LUNCH MEETING EXPENSE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address P.O. BOX 30086		Amount of Each Disbursement this Period 149.33 <b>Transaction ID : EXPB114</b>
City LOS ANGELES	State CA	
Zip Code 90030	Purpose of Disbursement MEDIA - WEBSITE	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2066.33
<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 17 OF 17	
	<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)  
**MOORLACH FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WELLS FARGO</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address P.O. BOX 30086		Amount of Each Disbursement this Period 428.62 <b>Transaction ID : EXPB140</b>
City LOS ANGELES	State CA	
Zip Code 90030	Purpose of Disbursement LUNCH MEETING EXPENSES / ADMINISTRATIVE EXPENSES	Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	428.62
<b>TOTAL</b> This Period (last page this line number only).....	43055.05