

# 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  
**Ted Lieu For Congress**

ADDRESS (number and street) 6380 Wilshire Blvd # 1612  
 Check if different than previously reported. (ACC) Los Angeles CA 90048

2. **FEC IDENTIFICATION NUMBER** C00556506 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
CA 33

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 through M M / D D / Y Y Y Y  
01 / 01 / 2015 through 03 / 31 / 2015

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 Jane Leiderman  
Signature of Treasurer Jane Leiderman *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 13 / 2015

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  
**Ted Lieu 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))....	64552.85	81463.13
(b) Total Contribution Refunds (from Line 20(d)) .....	15600.00	31200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	48952.85	50263.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	95409.67	158052.89
(b) Total Offsets to Operating Expenditures (from Line 14).....	12775.67	17967.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	82634.00	140085.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	62182.95	
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).....	49.00	

**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

**Ted Lieu 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).....	25106.00	0.00
(ii) Unitemized.....	2946.85	0.00
(iii) TOTAL of contributions from individuals ▶	28052.85	30713.13
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	36500.00	50750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	64552.85	81463.13
<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>	12775.67	17967.28
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	614.85
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	77328.52	100045.26

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	95409.67	158052.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	46000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	46000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	15600.00	31200.00
(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)).....	15600.00	31200.00
21. OTHER DISBURSEMENTS .....	26000.00	71000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	137009.67	306252.89

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121864.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	77328.52
25. SUBTOTAL (add Line 23 and Line 24).....	199192.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	137009.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	62182.95

**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 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Agua Caliente Band of Cahuilla Indians**

Mailing Address 5401 Dinah Shore Dr

City State Zip Code  
Palm Springs CA 92264

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11AI-3968**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Melissa Alvarado**

Mailing Address 6383 Arizona Cir

City State Zip Code  
Los Angeles CA 90045

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

Name of Employer Occupation  
BoMark Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : 11AI-3881**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 6383 Arizona Cir

City State Zip Code  
Los Angeles CA 90045

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

Name of Employer Occupation  
BoMark Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : 11AI-3882**

Amount of Each Receipt this Period  
 2600.00

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

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

7800.00

**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 45
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Melissa Alvarado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015
Mailing Address 6383 Arizona Cir		<b>Transaction ID : 11AI-3946</b>
City Los Angeles	State Zip Code CA 90045	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer BoMark	Occupation Executive	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>B. Melissa Alvarado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015
Mailing Address 6383 Arizona Cir		<b>Transaction ID : 11AI-3956</b>
City Los Angeles	State Zip Code CA 90045	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer BoMark	Occupation Executive	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Alvarado</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2015
Mailing Address 6383 Arizona Cir		<b>Transaction ID : 11AI-3883</b>
City Los Angeles	State Zip Code CA 90045	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2600.00
Name of Employer BoMark	Occupation CEO Attorney	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Alvarado**

Mailing Address 6383 Arizona Cir

City Los Angeles State CA Zip Code 90045

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

Name of Employer BoMark Occupation CEO Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : 11AI-3884**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Alvarado**

Mailing Address 6383 Arizona Cir

City Los Angeles State CA Zip Code 90045

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

Name of Employer BoMark Occupation CEO Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : 11AI-3947**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6383 Arizona Cir

City Los Angeles State CA Zip Code 90045

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

Name of Employer BoMark Occupation CEO Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : 11AI-3957**

Amount of Each Receipt this Period  
100.00

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

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

2800.00

**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 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Karen Buresh**

Mailing Address 5 Singletree Ln

City Palos Verdes Estates State CA Zip Code 90274

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

Name of Employer Prime Source PM LLC Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2015

**Transaction ID : 11AI-3924**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Tim Buresh**

Mailing Address 5 Singletree Ln

City Palos Verdes Estates State CA Zip Code 90274

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

Name of Employer PrimeSource PM LLC Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2015

**Transaction ID : 11AI-3923**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 54 Albergo Ct

City Palos Verdes Estates State CA Zip Code 90275

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

Name of Employer Max Moulding, Inc Occupation Administrator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : 11AI-3945**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00



**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 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald Ray Frew**

Mailing Address 21345 Hawthorne Blvd

City Torrance State CA Zip Code 90503

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

Name of Employer Green Hills Memorial Park Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : 11AI-3940**

Amount of Each Receipt this Period  
 460.00

**B.** Full Name (Last, First, Middle Initial)  
**Shau-Wai Lam**

Mailing Address 81 Hobart Ave

City Summit State NJ Zip Code 07901

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

Name of Employer DCH Auto Group Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11AI-3948**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 132 N Las Palmas Ave

City Los Angeles State CA Zip Code 90004

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

Name of Employer Dr. Irving Lebovics Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-3906**

Amount of Each Receipt this Period  
 1000.00

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

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

1710.00

**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 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Allan N Lowy**

Mailing Address 8383 Wilshire Blvd

City Beverly Hills State CA Zip Code 90211

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

Name of Employer Allan N. Lowy, ESQ. Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-3907**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Zan Marquis**

Mailing Address 400 S June St

City Los Angeles State CA Zip Code 90020

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

Name of Employer Marquis Property Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-3905**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 400 S Sycamore Ave

City Los Angeles State CA Zip Code 90036

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

Name of Employer Best, Best + Krieger Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-3909**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

**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 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dominic Ng**

Mailing Address 135 N Los Robles Ave

City Pasadena State CA Zip Code 91101

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

Name of Employer East West Bank Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : 11AI-3943**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian Peters**

Mailing Address 1608 8Th St

City Washington State DC Zip Code 20001

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

Name of Employer Franklin Square Group Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2015

**Transaction ID : 11AI-3980-I**

Amount of Each Receipt this Period  
 500.00

Earmarked through Actblue. Date recieved by conduit in memo record below.

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

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2015

**Transaction ID : 11AI-3980-I-MEMO**

Amount of Each Receipt this Period  
 500.00

**[MEMO ITEM]**  
 Total earmarked through conduit, PAC limits not affected.

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

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

1500.00

**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 12 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Santa Ynez Band of Mission Indians**

Mailing Address 100 Via Juana Ln

City Santa Ynez State CA Zip Code 93460

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11AI-3976**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Shirin Shadpour**

Mailing Address 515 N Alta Dr

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11AI-3977**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2515 Artesia

City Redondo Beach State CA Zip Code 90278

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

Name of Employer Occupation  
Siddiqui Food Businessperson

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : 11AI-3938**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

**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 13 OF 45
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerome Simonoff**

Mailing Address 4314 Marina City Dr

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer CHAX, Inc Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : 11AI-3918**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Alan Stern**

Mailing Address 602 S Hudson Ave

City Los Angeles State CA Zip Code 90005

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

Name of Employer Specialty Commodities Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11AI-3978**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2220 Via Acalones

City Palos Verdes Estates State CA Zip Code 90274

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

Name of Employer Bay Cities Pet Hospital Occupation Physician-Radiologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2015

**Transaction ID : 11AI-3935**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

**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 14 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zigmund Vays**

Mailing Address 516 N Sierra Bonita Ave

City Los Angeles State CA Zip Code 90036

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

Name of Employer CES Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-3908**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**William A. Wieninger Jr.**

Mailing Address 3103 Pualei Cir # 309

City Honolulu State HI Zip Code 96815

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

Name of Employer US Dept of Defense Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11AI-3964**

Amount of Each Receipt this Period  
 246.00

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

Mailing Address 2000 Market St 20Th FlLor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-2553-P**

Amount of Each Receipt this Period  
 1000.00

See attribution below.

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

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

1496.00

**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 15 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Chan**

Mailing Address 1905 Paseo Del Sol

City Palos Verdes Estates State CA Zip Code 90274

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

Name of Employer Fox Rotheild LLP Occupation Counsultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11AI-3958-PA**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Partnership Attribution

**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).....

0.00

25106.00

**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 16 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AT & T Inc. Federal PAC**

Mailing Address 208 S Akard St Ste 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : 11C-3916**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Academy of Dermatology Association PAC**

Mailing Address 1445 New York Ave

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11C-3969**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Association for Justice (AAJ PAC)**

Mailing Address 777 6Th St

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : 11C-4455**

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 17 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Astellas US LLC**

Mailing Address 1 Astellas Way

City Northbrook State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C C00444885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11C-3954**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Boeing Company PAC**

Mailing Address 929 Long Bridge Dr

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : 11C-3899**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COX Enterprises PAC COXPAC, Inc**

Mailing Address 975 F St NW Ste 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : 11C-3915**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

**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 18 OF 45
	<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)  
**Ted Lieu For Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Carpenters's Legislative Improvement Committee**

Mailing Address 101 Consultitution Ave

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 11C-3903**

Amount of Each Receipt this Period  
 2500.00

**B. Full Name (Last, First, Middle Initial)**  
**Comcast Corporation & NBCuniversal**

Mailing Address 1701 JFK Blvd

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : 11C-3973**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 901 F St

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00331991**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : 11C-3967**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

**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 19 OF 45
<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)  
**Ted Lieu For Congress**

**A. Edison International PAC a Multi-Candidate Committee**

Full Name (Last, First, Middle Initial)  
Edison International PAC a Multi-Candidate Committee

Mailing Address 2244 Walnut Grove Ave

City Rosemead State CA Zip Code 91770

FEC ID number of contributing federal political committee. **C** C00019653

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11C-3951**

Amount of Each Receipt this Period  
 1000.00

**B. Employees of Northrop Grumman Corporation PAC (ENGPAC)**

Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman Corporation PAC (ENGPAC)

Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : 11C-3972**

Amount of Each Receipt this Period  
 2000.00

**C. Employees of Northrop Grumman Corporation PAC (ENGPAC)**

Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman Corporation PAC (ENGPAC)

Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11C-3952**

Amount of Each Receipt this Period  
 2000.00

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

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

5000.00

**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 20 OF 45
	<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)  
**Ted Lieu For Congress**

**A. Farmers Insurance PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 Kerner Blvd  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C C00135681**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 11C-3971**  
 Amount of Each Receipt this Period  
 1000.00

**B. Honeywell International PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Ave  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C C00096156**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2015  
**Transaction ID : 11C-3914**  
 Amount of Each Receipt this Period  
 2000.00

**C. Humane Society Legislative Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 L St # 310  
 City Washington State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C C90009358**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 11C-3955**  
 Amount of Each Receipt this Period  
 1000.00

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

4000.00

**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 21 OF 45
<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**International Longshore and Warehouse Union PAC**

Mailing Address 1188 Franklin St

City San Francisco State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C** C00176214

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

**Transaction ID : 11C-3880**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jobs Opportunites & Education PAC**

Mailing Address 700 13Th St

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : 11C-4454**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**League of Conservation Voters Fund (PAC)**

Mailing Address 1920 L St

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C90005786

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11C-3953**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

**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 22 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees PAC**

Mailing Address 2121 Crystal Dr # 100

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : 11C-3901**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Cable & Telecommunications Associations PAC**

Mailing Address 25 Massachusetts Ave

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : 11C-3898**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 619911

City State Zip Code  
Dallas TX 75261

FEC ID number of contributing federal political committee. **C C00331173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11C-3988**

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 23 OF 45
	<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)  
**Ted Lieu For Congress**

**A. Political Action Committee of the AAOS**

Full Name (Last, First, Middle Initial)  
Mailing Address 317 Massachussetts Ave

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : 11C-3966**

Amount of Each Receipt this Period  
**1000.00**

**B. Raytheon Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Wilson Blvd

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : 11C-3922**

Amount of Each Receipt this Period  
**1000.00**

**C. Sempra Energy Employees PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Ash St

City San Diego State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C C00008748**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 11C-3970**

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 24 OF 45
	<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)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Doctor Company PAC**

Mailing Address 185 Greenwood Rd

City Napa State CA Zip Code 94558

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : 11C-3885**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**UBS Americas Inc. Political Action Committee Multi Candidate Committee**

Mailing Address 1501 K St Ste 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 11C-3975**

Amount of Each Receipt this Period  
 2500.00

**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).....

3500.00

36500.00



**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 25 OF 45
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carrick Consulting Media Account**

Mailing Address 2866 Belden Dr.

City Los Angeles State CA Zip Code 90068

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2015

**Transaction ID : 14-3853**

Amount of Each Receipt this Period  
 12747.90

Media Refund

**B.** Full Name (Last, First, Middle Initial)  
**State Compensation Insurnace Fund**

Mailing Address P.O. Box 7441

City San Francisco State CA Zip Code 94120-7441

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2015

**Transaction ID : 14-3900**

Amount of Each Receipt this Period  
 27.77

Refund

**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).....

12775.67

12775.67

**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 26 OF 45	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Buchert Development LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2015</b>	
Mailing Address 1600 Redondo Ave., #4			Amount of Each Disbursement this Period <b>39000.00</b>	
City Long Beach	State CA	Zip Code 90804	Transaction ID : 17-765	
Purpose of Disbursement Fundraising Management Fee		Category/ Type <b>001</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Genelle Buchert</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2015</b>	
Mailing Address 1600 Redondo Ave., #4			Amount of Each Disbursement this Period <b>1257.86</b>	
City Long Beach	State CA	Zip Code 90804	Transaction ID : 17-808	
Purpose of Disbursement Postage,Shipping,Parking,Balloons		Category/ Type <b>003</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Marc A Cevasco</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2015</b>	
Mailing Address 905 Elder St . NW			Amount of Each Disbursement this Period <b>118.00</b>	
City Washington	State DC	Zip Code 20012	Transaction ID : 17-809	
Purpose of Disbursement Telephone		Category/ Type <b>001</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>40375.86</b>
<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 27 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fiorello Consulting</b>			Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 3914 Barcroft Mews Ct.			Amount of Each Disbursement this Period 3000.00
City Falls Church	State VA	Zip Code 22041	
Purpose of Disbursement Fundraising Management Fee		Category/ Type 001	<b>Transaction ID : 17-759</b>
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. Fiorello Consulting</b>			Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 3914 Barcroft Mews Ct.			Amount of Each Disbursement this Period 3055.79
City Falls Church	State VA	Zip Code 22041	
Purpose of Disbursement Catering		Category/ Type 003	<b>Transaction ID : 17-760</b>
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. The George</b>			Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 15 E St., NW			Amount of Each Disbursement this Period 3055.79
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Catering		Category/ Type 003	<b>Transaction ID : 17-762-S</b>
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) .....	6055.79
<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 28 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fiorello Consulting</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2015
Mailing Address 3914 Barcroft Mews Ct.		Amount of Each Disbursement this Period 3000.00
City Falls Church	State VA	
Zip Code 22041	Purpose of Disbursement Fundraising Management Fee	<b>Transaction ID : 17-800</b>
Candidate Name	Category/Type 001	
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. Fiorello Consulting</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 3914 Barcroft Mews Ct.		Amount of Each Disbursement this Period 500.50
City Falls Church	State VA	
Zip Code 22041	Purpose of Disbursement Catering	<b>Transaction ID : 17-806</b>
Candidate Name	Category/Type 003	
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. The George</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2015
Mailing Address 15 E St., NW		Amount of Each Disbursement this Period 500.50
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Catering	<b>Transaction ID : 17-807-S</b>
Candidate Name	Category/Type 003	
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).....	3500.50
<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 29 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fiorello Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 3914 Barcroft Mews Ct.		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : 17-820</b>
City Falls Church	State VA Zip Code 22041	
Purpose of Disbursement Fundraising Management 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. Padilla &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2015
Mailing Address 6380 Wilshire Blvd., #1612		Amount of Each Disbursement this Period 3096.61 <b>Transaction ID : 17-763</b>
City Los Angeles	State CA Zip Code 90048	
Purpose of Disbursement Accounting Fee & 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>C. Padilla &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 6380 Wilshire Blvd., #1612		Amount of Each Disbursement this Period 1519.60 <b>Transaction ID : 17-801</b>
City Los Angeles	State CA Zip Code 90048	
Purpose of Disbursement Accounting Fee and 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7616.21
<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 30 OF 45	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Padilla &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2015</b>
Mailing Address <b>6380 Wilshire Blvd., #1612</b>		Amount of Each Disbursement this Period <b>1544.88</b> <b>Transaction ID : 17-813</b>
City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90048</b>	Purpose of Disbursement <b>Accounting Fee and Expenses</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. RCBS Trust Account</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 05 / 2015</b>
Mailing Address <b>5429 Madison Ave.</b>		Amount of Each Disbursement this Period <b>397.10</b> <b>Transaction ID : 17-818</b>
City <b>Sacramento</b> State <b>CA</b> Zip Code <b>95841</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Statecraft, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2015</b>
Mailing Address <b>8618 Nottingham Place</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : 17-766</b>
City <b>La Jolla</b> State <b>CA</b> Zip Code <b>92037</b>	Purpose of Disbursement <b>December/January</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2191.98</b>
<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 31 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Statecraft, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 8618 Nottingham Place		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : 17-814</b>
City La Jolla	State CA	
Zip Code 92037	Purpose of Disbursement License 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. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address 2001 New Hampshire Ave., NW		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : 17-804</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Tickets for First Lady's Luncheon	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. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015
Mailing Address 2001 New Hampshire Ave., NW		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : 17-805</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Printing/Mailing of Invitations to First Lady's Luncheon	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	740.00
<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 32 OF 45	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Janet Turner</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 651 Lachman Lane		Amount of Each Disbursement this Period 101.52 <b>Transaction ID : 17-791</b>
City Pacific Palisades	State CA	
Zip Code 90272	Purpose of Disbursement Supplies, Parking, Postage	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. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 153.08 <b>Transaction ID : 17-803</b>
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telephone	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. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 2965 W. Corporate Lakes Blvd.		Amount of Each Disbursement this Period 11206.04 <b>Transaction ID : 17-548-W</b>
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Credit Card Payment	Category/ Type 002
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:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	11460.64
<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 33 OF 45	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Acqua AI 2 DC</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 212 7th St., SE		Amount of Each Disbursement this Period 2222.55
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering for Swearing In Week in DC	<b>Transaction ID : 17-839-P</b>
Candidate Name	Category/Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 4255 Amon Carter Blvd., MD 2400		Amount of Each Disbursement this Period 649.00
City Fort Worth	State TX	
Zip Code 76155-2603	Purpose of Disbursement Airfare-T.Lieu-Campaign Travel	<b>Transaction ID : 17-833-P</b>
Candidate Name	Category/Type 002	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 2965 W. Corporate Lakes Blvd.		Amount of Each Disbursement this Period 12977.17
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : 17-580-W</b>
Candidate Name	Category/Type 001	
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)	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12977.17
<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 34 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Gaetano's</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 2731 Pacific Coast Hwy.		Amount of Each Disbursement this Period 227.55
City Torrance	State CA	
Zip Code 90505	Purpose of Disbursement Dinner Mtg. - T. Lieu & 2 people	<b>Transaction ID : 17-835-P</b>
Candidate Name	Category/ Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. La Chaumiere</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 2813 M St., NW		Amount of Each Disbursement this Period 252.72
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Dinner Mtg.- T.Lieu & 1 person	<b>Transaction ID : 17-836-P</b>
Candidate Name	Category/ Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mailing Pros, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 5261 Business Dr.		Amount of Each Disbursement this Period 1849.17
City Huntington Beach	State CA	
Zip Code 92649	Purpose of Disbursement Printing	<b>Transaction ID : 17-831-P</b>
Candidate Name	Category/ Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 35 OF 45		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mitchell Publishing, Inc. 2014</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 127 South Anderson St.		Amount of Each Disbursement this Period 3471.65
City Los Angeles	State CA	Zip Code 90033
Purpose of Disbursement Printing	Category/ Type 001	
Candidate Name		Transaction ID : 17-829-P  [MEMO ITEM] credit card payee
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. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 199.00
City Los Angeles	State CA	Zip Code 90013
Purpose of Disbursement Campaign Software	Category/ Type 001	
Candidate Name		Transaction ID : 17-830-P  [MEMO ITEM] credit card payee
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. St. Regis Washington Hotel</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 923 16th St., NW		Amount of Each Disbursement this Period 2132.10
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Lodging for Swearing In Week in DC	Category/ Type 002	
Candidate Name		Transaction ID : 17-838-P  [MEMO ITEM] credit card payee
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).....	0.00
<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 36 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster (T)</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 2510 Monterey St.		Amount of Each Disbursement this Period 340.75
City Torrance	State CA	
Zip Code 90503	Purpose of Disbursement Mailbox Rental	<b>Transaction ID : 17-832-P</b>
Candidate Name	Category/Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 338.38
City Chicago	State IL	
Zip Code 60660	Purpose of Disbursement Airfare-T.Lieu-Campaign Travel	<b>Transaction ID : 17-837-P</b>
Candidate Name	Category/Type 002	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 145.18
City Dallas	State TX	
Zip Code 75266-0108	Purpose of Disbursement Telephone	<b>Transaction ID : 17-834-P</b>
Candidate Name	Category/Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 37 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Acqua AI 2 DC</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 212 7th St., SE		Amount of Each Disbursement this Period 404.10
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Catering for Swearing In Celebration with Staff	<b>Transaction ID : 17-844-P</b>
Candidate Name	Category/Type 001	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 4255 Amon Carter Blvd., MD 2400		Amount of Each Disbursement this Period 937.10
City Fort Worth	State TX	
Zip Code 76155-2603	Purpose of Disbursement Airfare-T.Lieu-Dem Issues Conference	<b>Transaction ID : 17-847-P</b>
Candidate Name	Category/Type 002	
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 2965 W. Corporate Lakes Blvd.		Amount of Each Disbursement this Period 5130.29
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : 17-581-W</b>
Candidate Name	Category/Type 002	
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)	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5130.29
<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 38 OF 45	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 448 S. Hill St., #200		Amount of Each Disbursement this Period 999.99 Transaction ID : 17-846-P
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Campaign Software	[MEMO ITEM] credit card payee
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. Network for Good</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 1140 Connecticut Ave., NW #700		Amount of Each Disbursement this Period 999.99 Transaction ID : 17-843-P
City Washington	State DC	
Zip Code 20036	Purpose of Disbursement Donation	[MEMO ITEM] credit card payee
Candidate Name	012 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. United Airlines</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 999.99 Transaction ID : 17-850-P
City Chicago	State IL	
Zip Code 60660	Purpose of Disbursement Airfare-B.Chim-Mtg. DC Trip	[MEMO ITEM] credit card payee
Candidate Name	002 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).....	999.99 0.00
<b>TOTAL</b> This Period (last page this line number only).....	999.99

**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 39 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address P.O. Box 66100		Amount of Each Disbursement this Period 1252.21
City Chicago	State IL Zip Code 60660	
Purpose of Disbursement Airfare-B.Chim-White House Reception	Category/Type 002	<b>Transaction ID : 17-845-P</b>
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 145.63
City Dallas	State TX Zip Code 75266-0108	
Purpose of Disbursement Telephone	Category/Type 001	<b>Transaction ID : 17-842-P</b>
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)	<b>[MEMO ITEM]</b> credit card payee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 2500 Westfield Dr.		Amount of Each Disbursement this Period 671.52
City Elgin	State IL Zip Code 60124	
Purpose of Disbursement Credit Card Payment	Category/Type 002	<b>Transaction ID : 17-550-W</b>
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)	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	671.52
<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 40 OF 45	
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2015</b>
Mailing Address 2500 Westfield Dr.		Amount of Each Disbursement this Period <b>2514.62</b>
City Elgin State IL Zip Code 60124	Purpose of Disbursement Credit Card Payment	
Candidate Name		<b>Transaction ID : 17-555-W</b>
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:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 05 / 2015</b>
Mailing Address 2500 Westfield Dr.		Amount of Each Disbursement this Period <b>1754.11</b>
City Elgin State IL Zip Code 60124	Purpose of Disbursement Credit Card Payment	
Candidate Name		<b>Transaction ID : 17-565-W</b>
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:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

Full Name (Last, First, Middle Initial) <b>c. Blazer Communications</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2015</b>
Mailing Address 16501 Ventura Blvd., #504		Amount of Each Disbursement this Period <b>795.00</b>
City Encino State CA Zip Code 91436	Purpose of Disbursement Ad	
Candidate Name		<b>Transaction ID : 17-795-P</b>
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>[MEMO ITEM]</b> Credit card payee, see Schedule D Chase Card Services	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4268.73</b>
<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 41 OF 45			
	<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)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Park LaBrea News/Beverly Press</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 5150 Wilshire Blvd.			Amount of Each Disbursement this Period 900.00
City Los Angeles	State CA	Zip Code 90036	Transaction ID : 17-799-P
Purpose of Disbursement Ad		004 Category/ Type	
Candidate Name			[MEMO ITEM] Credit card payee, see Schedule D Chase Card Services
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Jewish Journal</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 3250 Wilshire Blvd., #1250			Amount of Each Disbursement this Period 720.00
City Los Angeles	State CA	Zip Code 90010	Transaction ID : 17-794-P
Purpose of Disbursement Ad		004 Category/ Type	
Candidate Name			[MEMO ITEM] Credit card payee, see Schedule D Chase Card Services
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Sheraton Society Hill</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 1 Dock St.			Amount of Each Disbursement this Period 1150.00
City Philadelphia	State PA	Zip Code 19106	Transaction ID : 17-828-P
Purpose of Disbursement Lodging-1/23/15-T.Lieu-Democratic Caucus Retreat		002 Category/ Type	
Candidate Name			[MEMO ITEM] Credit card payee, see Schedule D Chase Card Services
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	94988.69

**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 42 OF 45			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. Alex Chim</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address 610 S Old Ranch Dr		Amount of Each Disbursement this Period 5200.00 <b>Transaction ID : 20A-816</b>
City Arcadia	State CA	
Zip Code 91007	Purpose of Disbursement Return of 03/29/2014 Contribution	Category/ Type 010
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. Wai Hing Lee</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address 4390 Peregrine Way		Amount of Each Disbursement this Period 5200.00 <b>Transaction ID : 20A-815</b>
City Fremont	State CA	
Zip Code 94555	Purpose of Disbursement Return of 03/29/2014 Contribution	Category/ Type 010
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. Gina Ouyang</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2015
Mailing Address 610 Old Ranch Dr		Amount of Each Disbursement this Period 5200.00 <b>Transaction ID : 20A-817</b>
City Arcadia	State CA	
Zip Code 91007	Purpose of Disbursement Return of 03/29/2014 Contribution	Category/ Type 010
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).....	15600.00
<b>TOTAL</b> This Period (last page this line number only).....	15600.00

**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 43 OF 45
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

Full Name (Last, First, Middle Initial) <b>A. DCCC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 30 / 2015</b>
Mailing Address <b>430 So. Capitol St., SE, 2nd Fl.</b>		Amount of Each Disbursement this Period <b>25000.00</b> <b>Transaction ID : 21-792</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Political Contribution</b> <input type="checkbox"/> <b>011</b> Category/Type	
Candidate Name <b>DCCC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Yvonne Horton for Inglewood City Clerk 2015</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2015</b>
Mailing Address <b>1787 Tribute Rd., #K</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : 21-802</b>
City <b>Sacramento</b> State <b>CA</b> Zip Code <b>95815</b>	Purpose of Disbursement <b>Non-Federal Contribution</b> <input type="checkbox"/> <b>012</b> Category/Type	
Candidate Name <b>Yvonne Horton</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" 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 <input type="checkbox"/>	
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).....	<b>26000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>26000.00</b>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Ted Lieu For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Buchert Development LLC</b>	Nature of Debt (Purpose): Fundraising Management Fee
Mailing Address 1600 Redondo Ave., #4	
City State Zip Code Long Beach CA 90804	

Outstanding Balance Beginning This Period 39000.00	<b>Transaction ID : D10-352-V</b>	
Amount Incurred This Period 0.00	Payment This Period 39000.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Janet Turner</b>	Nature of Debt (Purpose): Supplies, Parking, Postage
Mailing Address 651 Lachman Lane	
City State Zip Code Pacific Palisades CA 90272	

Outstanding Balance Beginning This Period 101.52	<b>Transaction ID : D10-2911-V</b>	
Amount Incurred This Period 0.00	Payment This Period 101.52	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>	Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address 2965 W. Corporate Lakes Blvd.	
City State Zip Code Weston FL 33331	

Outstanding Balance Beginning This Period 11206.04	<b>Transaction ID : D10-697-W</b>	
Amount Incurred This Period 18107.46	Payment This Period 29313.50	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Ted Lieu For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Chase Card Services**

Nature of Debt (Purpose):

Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records

Mailing Address 2500 Westfield Dr.

City State Zip Code  
Elgin IL 60124

Outstanding Balance Beginning This Period

720.52

**Transaction ID : D10-548-W**

Amount Incurred This Period

4268.73

Payment This Period

4940.25

Outstanding Balance at Close of This Period

49.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

49.00

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

49.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

49.00