

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)

16633 Ventura Blvd # 1008

Check if different than previously reported. (ACC)

Encino

CA

91436

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C C00556506

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 11/29/2016

through

MM/DD/YYYY 12/31/2016

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

Leiderman, Jane, , ,

Type or Print Name of Treasurer

Leiderman, Jane, , ,

Signature of Treasurer

[Electronically Filed]

Date

MM/DD/YYYY 08/25/2017

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

Table with 7 columns for Office Use Only.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	3725.25	7904.50
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3725.25	7904.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	8008.51	29071.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8008.51	29071.88
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1054054.78	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	2000.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	17518.11	

**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 05/2016)

Write or Type Committee Name

Ted Lieu For Congress

Report Covering the Period: From:   /     To:   /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	0.00
(ii) Unitemized.....	225.25	0.00
(iii) TOTAL of contributions from individuals ▶	1225.25	4404.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	3500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3725.25	7904.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3725.25	7904.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8008.51	29071.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	80.00	80.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	8088.51	29151.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1058418.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3725.25
25. SUBTOTAL (add Line 23 and Line 24).....	1062143.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8088.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1054054.78

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 5 OF 17		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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)  
**Foster, Robert, , ,**

Mailing Address 30 Savona Walk

City Long Beach	State CA	Zip Code 90803
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FEC ID number of contributing federal political committee. **C**

Name of Employer n/a	Occupation Retired
-------------------------	-----------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2016

**Transaction ID : 11AI-7405**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 17	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

**A.** Full Name (Last, First, Middle Initial)  
**Walt Disney Company**

Mailing Address 425 3rd St

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2016

**Transaction ID : 11C-7404**

Amount of Each Receipt this Period  
2500.00

Memo Item

**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

Memo Item

**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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17			
	<input checked="" type="checkbox"/> 17 <input 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**

<b>A. Fiorello Consulting</b> Full Name (Last, First, Middle Initial) Mailing Address 3914 Barcroft Mews Ct. 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:			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016 FEC Identification Number C Amount of Each Disbursement this Period 3000.00 Transaction ID : 17-1615 <input type="checkbox"/> Memo Item
--	--	--	---

<b>B. Fiorello Consulting</b> Full Name (Last, First, Middle Initial) Mailing Address 3914 Barcroft Mews Ct. 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:			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016 FEC Identification Number C Amount of Each Disbursement this Period 3000.00 Transaction ID : 17-1663 <input type="checkbox"/> Memo Item
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<b>C. Leiderman &amp; Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 16633 Ventura Blvd., #1008 City Encino State CA Zip Code 91436 Purpose of Disbursement Accounting 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:			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2016 FEC Identification Number C Amount of Each Disbursement this Period 1700.00 Transaction ID : 17-1669 <input type="checkbox"/> Memo Item
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<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	(Empty field)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster (MR)</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016
Mailing Address 4401 Gateway Park Blvd., #130		FEC Identification Number C
City Sacramento	State CA	Zip Code 95834
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2487.70
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:	<input checked="" type="checkbox"/> Memo Item SUBVENDOR to Mailrite Print & Mail, Inc.	

Full Name (Last, First, Middle Initial) <b>B. Acqua AI 2 DC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 212 7th St., SE		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Catering	Category/ Type 007	
Candidate Name		Amount of Each Disbursement this Period 1822.10
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:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express	

Full Name (Last, First, Middle Initial) <b>c. Alaska Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 17801 International Blvd.		FEC Identification Number C
City Seattle	State WA	Zip Code 98158
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 555.10
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:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express	

<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 9 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Alaska Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 17801 International Blvd.		FEC Identification Number C
City Seattle	State WA	Zip Code 98158
Purpose of Disbursement Airfare	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 298.10
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:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express	

Full Name (Last, First, Middle Initial) <b>B. Harry &amp; David LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 2500 S. Pacific Hwy.		FEC Identification Number C
City Medford	State OR	Zip Code 97501
Purpose of Disbursement Gift Baskets for Constituents/Donors	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 297.86
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:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express	

Full Name (Last, First, Middle Initial) <b>C. Los Angeles County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address 3550 Wilshire Blvd., #1203		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90010
Purpose of Disbursement Donation	Category/ Type 012	
Candidate Name		Amount of Each Disbursement this Period 270.00
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:	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express	

<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 10 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. Regal**

Full Name (Last, First, Middle Initial)  
Mailing Address 7132 Regal Lane

City Knoxville State TN Zip Code 37918

Purpose of Disbursement: Gifts for Constituents/Donors  
Candidate Name: \_\_\_\_\_  
Category/Type: 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 433.00

Transaction ID: 17-1701-P

Memo Item Credit card payee, see Schedule D American Express

**B. South Bay Ballet**

Full Name (Last, First, Middle Initial)  
Mailing Address 1261 Satori Ave.

City Torrance State CA Zip Code 90501

Purpose of Disbursement: Donation  
Candidate Name: \_\_\_\_\_  
Category/Type: 012

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID: 17-1695-P

Memo Item Credit card payee, see Schedule D American Express

**C. United Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 66100

City Chicago State IL Zip Code 60660

Purpose of Disbursement: Airfare  
Candidate Name: \_\_\_\_\_  
Category/Type: 002

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 12 / 12 / 2016

FEC Identification Number: C

Amount of Each Disbursement this Period: 741.10

Transaction ID: 17-1703-P

Memo Item Credit card payee, see Schedule D American Express

**SUBTOTAL** of Disbursements This Page (optional).....▶ 0.00

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

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NAME OF COMMITTEE (In Full)  
**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 12 / 12 / 2016	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 514.10	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-1707-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 468.10	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-1697-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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 M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 435.10	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-1708-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**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 12 / 12 / 2016	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 468.10	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-1698-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 731.10	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-1696-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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 M M / D D / Y Y Y Y 12 / 12 / 2016	
Mailing Address P.O. Box 66100			FEC Identification Number C	
City Chicago	State IL	Zip Code 60660	Amount of Each Disbursement this Period 135.00	
Purpose of Disbursement Airfare		Category/ Type 002	Transaction ID : 17-1694-P	
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express		
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 13 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**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 12 / 12 / 2016
Mailing Address P.O. Box 66100		FEC Identification Number C
City Chicago	State IL	Zip Code 60660
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period 731.10
Candidate Name		Transaction ID : 17-1691-P
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) ▼	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express
State: District:	Category/ Type 002	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address P.O. Box 66100		FEC Identification Number C
City Chicago	State IL	Zip Code 60660
Purpose of Disbursement Flight Change Fee		Amount of Each Disbursement this Period 200.00
Candidate Name		Transaction ID : 17-1692-P
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) ▼	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express
State: District:	Category/ Type 002	

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016
Mailing Address P.O. Box 66100		FEC Identification Number C
City Chicago	State IL	Zip Code 60660
Purpose of Disbursement Airfare		Amount of Each Disbursement this Period 731.10
Candidate Name		Transaction ID : 17-1693-P
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) ▼	<input checked="" type="checkbox"/> Memo Item Credit card payee, see Schedule D American Express
State: District:	Category/ Type 002	

<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 14 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2016		
Mailing Address P.O. Box 660108			FEC Identification Number C		
City Dallas	State TX	Zip Code 75266-0108	Amount of Each Disbursement this Period 222.37		
Purpose of Disbursement Cell Phone Charges		Category/ Type 001	Transaction ID : 17-1700-P		
Candidate Name		Memo Item <input checked="" type="checkbox"/> Credit card payee, see Schedule D American Express			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <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:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <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).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7700.00

**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 15 OF 17
	<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. Democratic Spouses Forum</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 2001 New Hampshire Ave., NW		FEC Identification Number C
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Donation		012 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 80.00
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) ▼	Transaction ID : 21-1616
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	80.00

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

NAME OF COMMITTEE (In Full) <b>Ted Lieu For Congress</b>	Transaction ID : <b>C9-4-LM</b>
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<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>L.I.E.U. PAC</b>		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16633 Ventura Blvd., #1008			
City Encino	State CA	ZIP Code 91436	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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<b>TERMS</b>	Date Incurred M 09 / D 07 / Y 2016	Date Due M 09 / D 16 / Y 2017	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: _____

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	2000.00

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



**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>Mailrite Print &amp; Mail, Inc.</b>			Nature of Debt (Purpose): Production Services
Mailing Address 834 Striker Ave., Ste.C			
City Sacramento	State CA	Zip Code 95834	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID : D10-540-V</b>	
Amount Incurred This Period 5991.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 5991.70	

B. 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 Weston	State FL	Zip Code 33331	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID : D10-697-W</b>	
Amount Incurred This Period 10596.77	Payment This Period 0.00	Outstanding Balance at Close of This Period 10596.77	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Citi Cards</b>			Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address Box 78045			
City Phoenix	State AZ	Zip Code 85062-8045	

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID : D10-3773-W</b>	
Amount Incurred This Period 929.64	Payment This Period 0.00	Outstanding Balance at Close of This Period 929.64	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	17518.11
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	17518.11
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	17518.11