

**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

Lynn Schott for Congress

ADDRESS (number and street)

300 Spectrum Center Drive, #400

Check if different  
than previously  
reported. (ACC)

Irvine

CA

92618

2. FEC IDENTIFICATION NUMBER ▼

C

C00577510

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

46

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

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 Jen Slater

Signature of Treasurer Jen Slater

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

10

08

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.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Lynn Schott for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	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))....	3910.00	3910.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3910.00	3910.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	0.00	0.00
(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)) .....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5810.00	
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) .....	7179.09	

## 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

PAGE 3 / 14

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Lynn Schott for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**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).....**

2800.00

2800.00

**(ii) Unitemized.....**

1110.00

1110.00

**(iii) TOTAL of contributions from individuals .....**

3910.00

3910.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs) .....**

0.00

0.00

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

3910.00

3910.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

1000.00

1900.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

1000.00

1900.00

**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).....**

4910.00

5810.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

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

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	900.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4910.00
25. SUBTOTAL (add Line 23 and Line 24).....	5810.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5810.00

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

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

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

<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)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

Ching Jang

Mailing Address 645 S. Broadview St.

City

Anaheim

State

CA

Zip Code

92804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LA County

Occupation

Programmer

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : INCA23

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

Shiou Lin

Mailing Address 7 Hillgrass

City

Irvine

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCTA

Occupation

Marketing Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : INCA20

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Arthur J, Dagen

Mailing Address 555 E Memory Lane A-119

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : INCA28

Amount of Each Receipt this Period

200.00

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

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

1800.00

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

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

FOR LINE NUMBER:

PAGE 6 OF 14

(check only one)

<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	

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NAME OF COMMITTEE (In Full)

Lynn Schott for Congress

Full Name (Last, First, Middle Initial)

Chun-Nien King

Mailing Address 17 Midnight Sun

City  
IrvineState  
CAZip Code  
92603FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KTI Hydraulics, IncOccupation  
Owner

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : INCA26

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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 M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. 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 M	/	D 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).....

1000.00

2800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 14  
(check only one)  

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

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NAME OF COMMITTEE (In Full)  
**Lynn Schott for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Lynn Schott</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2015	
Mailing Address PO Box 60881			<b>Transaction ID : PAYA4</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 485.90	
Irvine	CA	92602	Printing & Office Supplies <b>[MEMO ITEM]</b>	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Founders Academy		Occupation Owner/Educator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 3195.50		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Lynn Schott</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2015	
Mailing Address PO Box 60881			<b>Transaction ID : PAYA7</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 375.00	
Irvine	CA	92602	Campaign Consulting Services <b>[MEMO ITEM]</b>	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Founders Academy		Occupation Owner/Educator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 3195.50		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Lynn Schott</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 15 / 2015	
Mailing Address PO Box 60881			<b>Transaction ID : PAYA10</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 59.60	
Irvine	CA	92602	Misc Office & Meal Costs - No Vendor aggregating over \$200 <b>[MEMO ITEM]</b>	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer Founders Academy		Occupation Owner/Educator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 3195.50		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			_____ 0.00	
<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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

<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)  
**Lynn Schott for Congress**

Full Name (Last, First, Middle Initial)

**Lynn Schott**

Mailing Address PO Box 60881

City  
IrvineState  
CAZip Code  
92602FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Founders AcademyOccupation  
Owner/Educator

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3195.50

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : PAYA6

Amount of Each Receipt this Period

375.00

Campaign Consulting Services

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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

0.00



# **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 14

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Lynn Schott for Congress**

Full Name (Last, First, Middle Initial)

**Lynn Schott**

Mailing Address PO Box 60881

City  
Irvine

State  
CA

Zip Code  
92602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Founders Academy

Occupation  
Owner/Educator

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3195.50

Date of Receipt

**09** / **30** / **2015**

Transaction ID : PAYA25

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**  
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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
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

Amount of Each Receipt this Period

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

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

1000.00

1000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 14

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC2

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Lynn Schott

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

900.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

900.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 06 / 2015

Date Due

M M / D D / Y Y Y Y  
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

900.00

**TOTALS** This Period (last page in this line only)..... ►

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 11 OF 14

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC25

Lynn Schott for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Lynn Schott

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
PO Box 60881

City

State

ZIP Code

Irvine

CA

92602

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 30 / 2015

Date Due

M M / D D / Y Y Y Y  
12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

**TOTALS** This Period (last page in this line only)..... ►

1900.00

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

PAGE 12 OF 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

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

**Campaign Compliance Group**

Nature of Debt (Purpose):

Financial Analyst

Mailing Address 300 Spectrum Center Drive, #400

City State

Zip Code

Irvine

CA

92618

Outstanding Balance Beginning This Period

500.00

Transaction ID : PAYD3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

**Campaign Compliance Group**

Nature of Debt (Purpose):

Financial Analyst

Mailing Address 300 Spectrum Center Drive, #400

City State

Zip Code

Irvine

CA

92618

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD29

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

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

**Cardmember Services**

Nature of Debt (Purpose):

Printing &amp; Web Costs

Mailing Address PO Box 94014

City

State

Zip Code

Palatine

IL

60094

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD31

Amount Incurred This Period

2733.59

Payment This Period

0.00

Outstanding Balance at Close of This Period

2733.59

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

3983.59

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 13 OF 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

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

**Lynn Schott**

Nature of Debt (Purpose):

Printing &amp; Office Supplies

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD4

Amount Incurred This Period

485.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

485.90

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

**Lynn Schott**

Nature of Debt (Purpose):

Campaign Consulting Services

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD6

Amount Incurred This Period

375.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

375.00

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

**Lynn Schott**

Nature of Debt (Purpose):

Campaign Consulting Services

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD7

Amount Incurred This Period

375.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

375.00

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

1235.90

2) **TOTALS** This Period (last page this line number only) ..... ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** 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)

PAGE 14 OF 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Lynn Schott for Congress**

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

**Lynn Schott**

Nature of Debt (Purpose):

Misc Office & Meal Costs - No Vendor  
aggregating over \$200

Mailing Address PO Box 60881

City State

Zip Code

Irvine

CA

92602

Outstanding Balance Beginning This Period

0.00

**Transaction ID : PAYD10**

Amount Incurred This Period

59.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

59.60

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) .....

59.60

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

5279.09

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

1900.00

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

7179.09