

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Leadership, Integrity, Engagement, Unity PAC

ADDRESS (number and street) 16633 Ventura Blvd # 1008

Check if different than previously reported. (ACC) Encino CA 91436

2. **FEC IDENTIFICATION NUMBER ▼** C00589309 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

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

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 03 / 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.

Type or Print Name of Treasurer Jane Leiderman

Signature of Treasurer Jane Leiderman *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 09 / 20 / 2016

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Leadership, Integrity, Engagement, Unity PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15000.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="30000.00"/>	<input type="text" value="30000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14197.50"/>	<input type="text" value="14197.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15802.50"/>	<input type="text" value="15802.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="5500.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**Leadership, Integrity, Engagement, Unity PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15000.00	15000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15000.00	15000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15000.00	15000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15000.00	15000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15000.00	15000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2197.50	2197.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2197.50	2197.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14197.50	14197.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14197.50	14197.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15000.00	15000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15000.00	15000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2197.50	2197.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2197.50	2197.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**Leadership, Integrity, Engagement, Unity PAC**

**A. Bob Alvarado**  
Full Name (Last, First, Middle Initial)  
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  
Receipt For: 2015  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 20 / 2016  
**Transaction ID : 11AI-5-I**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
Calendar Year  
Earmarked through Actblue. Date recieved by conduit in memo record below.

**B. Actblue**  
Full Name (Last, First, Middle Initial)  
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: 2015  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 18 / 2016  
**Transaction ID : 11AI-5-I-MEMO**  
Amount of Each Receipt this Period 5000.00  
 Memo Item  
Total earmarked through conduit, PAC limits not affected.

**C. Chester J. Pipkin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1230 5th St  
City Manhattan Beach State CA Zip Code 90266  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Belkin International Occupation CEO  
Receipt For: 2016  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 31 / 2016  
**Transaction ID : 11AI-6**  
Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 10000.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

**A. Richard J Riordan**  
Full Name (Last, First, Middle Initial)

Mailing Address 10880 Wilshire Blvd Ste 800

City Los Angeles	State CA	Zip Code 90024
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FEC ID number of contributing federal political committee. **C**

Name of Employer J.Arthur Greenfield & Co.LLP	Occupation Investor
--	------------------------

Receipt For: 2015  
 Primary  General  
 Other (specify) **▼**  
 Calendar Year

Aggregate Year-to-Date **▼**  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2016

**Transaction ID : 11AI-4**

Amount of Each Receipt this Period  
 5000.00

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) **▼**

Aggregate Year-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) **▼**

Aggregate Year-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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. American Express - CASH Offset for Federal Contributions Made**

Mailing Address See Line 23

City Weston State FL Zip Code 33331

Purpose of Disbursement  
Federal Contributions made on 02/04/2016

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 21B-55**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express - CASH Offset for Federal Contributions Made**

Mailing Address See Line 23

City Weston State FL Zip Code 33331

Purpose of Disbursement  
Federal Contributions made on 3/11/2016

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 21B-65**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Buchert Development LLC**

Mailing Address 2911 Charlemagne Ave.

City Long Beach State CA Zip Code 90815

Purpose of Disbursement  
Fundraising Management Fee - Primary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 21B-1**

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Mailing Address P.O. Box 2018

City State Zip Code  
Thousand Oaks CA 91358

Purpose of Disbursement  
Contribution

012

Candidate Name

**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : 21B-4-P**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**B. Lou Correa for Congress**

Mailing Address 420 N. Twin Oaks Valley Rd., #2229

City State Zip Code  
San Marcos CA 92079

Purpose of Disbursement  
Contribution

012

Candidate Name

**Lou Correa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : 21B-12-P**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**C. Mark Takai for Congress**

Mailing Address P.O. Box 2267

City State Zip Code  
Pearl City HI 96782

Purpose of Disbursement  
Contribution

012

Candidate Name

**Mark Takai**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : 21B-8-P**

Amount of Each Disbursement this Period

2000.00

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 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Napolitano for Congress**

Mailing Address 555 Capitol Mall, Ste. 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Contribution

012

Candidate Name

**Grace Napolitano**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 32

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : 21B-13-P**

Amount of Each Disbursement this Period

2000.00

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**B. Pete Aguilar for Congress**

Mailing Address P.O. Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement Contribution

012

Candidate Name

**Pete Aguilar**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : 21B-7-P**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address P.O. Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement Contribution

012

Candidate Name

**Scott Peters**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2016

**Transaction ID : 21B-6-P**

Amount of Each Disbursement this Period

1000.00

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 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Alma Adams for Congress**

Mailing Address P.O. Box 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Alma Adams**

Office Sought:  House  
 Senate  
 President  
State: NC District: 12

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 21B-18-P**

Amount of Each Disbursement this Period

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**B. Brad Ashford for Congress**

Mailing Address P.O. Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Brad Ashford**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 21B-17-P**

Amount of Each Disbursement this Period

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**C. Margaret Fujioka for Alameda County Superior Court Judge 2016**

Mailing Address 6114 La Salle Ave., #602

City Oakland State CA Zip Code 94611

Purpose of Disbursement  
Non Federal Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 21B-16-P**

Amount of Each Disbursement this Period

Memo Item  
Credit card payee, see Schedule D American Express

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Griffiths for Torrance City Council 2016**

Mailing Address 3111 Cricklewood St.

City Torrance State CA Zip Code 90505

Purpose of Disbursement  
Non Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 21B-15-P**

Amount of Each Disbursement this Period

500.00

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**B. Re-Elect Geoff Rizzo for City Council 2016**

Mailing Address 4733 Torrance Blvd., #600

City Torrance State CA Zip Code 90503

Purpose of Disbursement  
Non Federal Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2016

**Transaction ID : 21B-14-P**

Amount of Each Disbursement this Period

500.00

Memo Item  
Credit card payee, see Schedule D American Express

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

0.00

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Alma Adams for Congress**

Mailing Address P.O. Box 20622

City Greensboro State NC Zip Code 27420

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Alma Adams**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : 23-64**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pete Aguilar for Congress**

Mailing Address P.O. Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Pete Aguilar**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2016

**Transaction ID : 23-59**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brad Ashford for Congress**

Mailing Address P.O. Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**Brad Ashford**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

**Transaction ID : 23-63**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Brownley for Congress**

Mailing Address P.O. Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Julia Brownley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : 23-56**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lou Correa for Congress**

Mailing Address 420 N. Twin Oaks Valley Rd., #2229

City San Marcos State CA Zip Code 92079

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Lou Correa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : 23-61**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Raja for Congress**

Mailing Address P.O. Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Raja S Krishnamoorthi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : 23-60**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

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

3000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Napolitano for Congress**

Mailing Address 555 Capitol Mall, Ste. 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Grace Napolitano**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : 23-62**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott Peters for Congress**

Mailing Address P.O. Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : 23-57**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mark Takai for Congress**

Mailing Address P.O. Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Mark Takai**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2016

**Transaction ID : 23-58**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item

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

5000.00
---------

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

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Leadership, Integrity, Engagement, Unity PAC**

Full Name (Last, First, Middle Initial)

**A. Los Angeles County Democratic Party**

Mailing Address 3550 Wilshire Blvd., #1203

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Sponsorship

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 29-2**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 18
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Leadership, Integrity, Engagement, Unity PAC**

A. 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 0.00	<b>Transaction ID : D10-20-W</b>	
Amount Incurred This Period 15500.00	Payment This Period 10000.00	Outstanding Balance at Close of This Period 5500.00

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	5500.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	5500.00
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) ▶	5500.00