

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

ANNETTE TEIJEIRO FOR CONGRESS

ADDRESS (number and street)

1916 HOUSTON DRIVE

Check if different than previously reported. (ACC)

LAS VEGAS

NV

89104

2. FEC IDENTIFICATION NUMBER

C C00559492

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NV

01

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 06 / 10 / 2014 in the State of NV

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 21 / 2014

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

Type or Print Name of Treasurer ANNETTE TEIJEIRO

Signature of Treasurer ANNETTE TEIJEIRO

[Electronically Filed]

Date

07 / 13 / 2014

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

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**ANNETTE TEIJEIRO 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))....	12920.00	31008.00
(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)).....	12920.00	31008.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	12970.76	19303.18
(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)).....	12970.76	19303.18
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	117668.49	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	102991.89	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**ANNETTE TEIJEIRO FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11820.00	26567.00
(ii) Unitemized.....	1100.00	4441.00
(iii) TOTAL of contributions from individuals ▶	12920.00	31008.00
(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))..	12920.00	31008.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	100000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	12920.00	131008.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12970.76	19303.18
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) ►	12970.76	19303.18

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	117719.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12920.00
25. SUBTOTAL (add Line 23 and Line 24).....	130639.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12970.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	117668.49

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

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)  
**ANNETTE TEIJEIRO FOR CONGRESS**

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

Mailing Address **Anonymous**

City **Las Vegas** State **NV** Zip Code **89118**

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

Name of Employer **Anonymous** Occupation **Anonymous**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **561.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : SA11AI.4434**

Amount of Each Receipt this Period  
**20.00**

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Paul Chao**

Mailing Address **1933 Grey Eagle St**

City **Henderson** State **NV** Zip Code **89074**

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

Name of Employer **Desert Inn Women's Care** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
**150.00**

Donation

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

Mailing Address **12 Vintage Canyon Street**

City **Las Vegas** State **NV** Zip Code **89141**

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

Name of Employer **Comprehensive Cancer Center** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : SA11AI.4439**

Amount of Each Receipt this Period  
**500.00**

Donation

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

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

**670.00**

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

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NAME OF COMMITTEE (In Full)  
**ANNETTE TEIJEIRO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Nolimal**

Mailing Address 5740 Arville Street

City Las Vegas	State NV	Zip Code 89188
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FEC ID number of contributing federal political committee. **C**

Name of Employer Assurance Ltd.	Occupation Insurance broker
------------------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
250.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Edson Parker**

Mailing Address 1800 Silver Ave

City Las Vegas	State NV	Zip Code 89012
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FEC ID number of contributing federal political committee. **C**

Name of Employer Veterans Affairs	Occupation Physician
--------------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.4396**

Amount of Each Receipt this Period  
500.00

Donation

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

Mailing Address 11 Olympia Hills Circle

City Las Vegas	State NV	Zip Code 89141
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FEC ID number of contributing federal political committee. **C**

Name of Employer CTTG Holdings, LLC	Occupation Manager
--	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
2600.00

Donation

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**ANNETTE TEIJEIRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Carol Troesh</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 11 Olympia Hills Circle		<b>Transaction ID : SA11AI.4568</b>	
City Las Vegas	State NV	Zip Code 89141	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer CTTG Holdings, LLC	Occupation Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. Dennis Troesh</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 11 Olympia Hills Circle		<b>Transaction ID : SA11AI.4432</b>	
City Las Vegas	State NV	Zip Code 89141	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer CTTG Holdings, LLC	Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>C. Dennis Troesh</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 11 Olympia Hills Circle		<b>Transaction ID : SA11AI.4569</b>	
City Las Vegas	State NV	Zip Code 89141	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer CTTG Holdings, LLC	Occupation Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	11820.00

**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 8 OF 13			
	<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)  
**ANNETTE TEIJEIRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jesus Avila</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014		
Mailing Address 2461 Silver Blossom			Amount of Each Disbursement this Period 331.50		
City Las Vegas	State NV	Zip Code 89052	Transaction ID : SB17.4409		
Purpose of Disbursement Campaign T-shirts		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Campaign Data Solutions LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 3401 Sirius Ave, Ste 5			Amount of Each Disbursement this Period 8326.41		
City Las Vegas	State NV	Zip Code 89102	Transaction ID : SB17.4457		
Purpose of Disbursement Mail Advertisement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Dane &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014		
Mailing Address P.O. Box 270185			Amount of Each Disbursement this Period 630.00		
City Louisville	State CO	Zip Code 80027	Transaction ID : SB17.4402		
Purpose of Disbursement FEC reporting		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9287.91
<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 13			
	<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)  
**ANNETTE TEIJEIRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. InCompliance Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014		
Mailing Address P. O. Box 751271			Amount of Each Disbursement this Period 1500.00		
City Las Vegas	State NV	Zip Code 89136	Transaction ID : SB17.4411		
Purpose of Disbursement FEC consultant services		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. La Cabana Mexican Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014		
Mailing Address 526 Martin Luther King Jr. Drive			Amount of Each Disbursement this Period 400.00		
City Las Vegas	State NV	Zip Code 89106	Transaction ID : SB17.4441		
Purpose of Disbursement Catering		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. Package Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014		
Mailing Address 1725 S. Rainbow Blvd.			Amount of Each Disbursement this Period 312.40		
City Las Vegas	State NV	Zip Code 89146	Transaction ID : SB17.4445		
Purpose of Disbursement Printing		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2212.40
<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 13
	<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)  
**ANNETTE TEIJEIRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Package Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 1725 S. Rainbow Blvd.		Amount of Each Disbursement this Period 912.44 Transaction ID : SB17.4450
City Las Vegas	State NV	
Zip Code 89146	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address Sunset Road		Amount of Each Disbursement this Period 269.50 Transaction ID : SB17.4452
City Las Vegas	State NV	
Zip Code 89193	Purpose of Disbursement Postage Mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address Sunset Road		Amount of Each Disbursement this Period 190.00 Transaction ID : SB17.4403
City Las Vegas	State NV	
Zip Code 89193	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	912.44
<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 11 OF 13	
	<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)  
**ANNETTE TEIJEIRO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address Sunset Road			Amount of Each Disbursement this Period 76.00 <b>Transaction ID : SB17.4404</b>	
City Las Vegas	State NV	Zip Code 89193		
Purpose of Disbursement Postage		Category/Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/Type		
Candidate Name				
Office Sought:	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).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	12488.75

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

NAME OF COMMITTEE (In Full) **ANNETTE TEIJEIRO FOR CONGRESS** Transaction ID : **SC/10.4303**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** ANNETTE TEIJEIRO  
 Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1916 HOUSTON DRIVE  
 City State ZIP Code  
 LAS VEGAS NV 89104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2991.89	0.00	2991.89

**TERMS**  
 Date Incurred: M 11 / D 01 / Y 2013  
 Date Due: M / D / Y 2018  
 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)..... ▶ 2991.89  
**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**

NAME OF COMMITTEE (In Full) **ANNETTE TEIJEIRO FOR CONGRESS** Transaction ID : **SC/10.4304**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** ANNETTE TEIJEIRO  
 Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 1916 HOUSTON DRIVE  
 City State ZIP Code  
 LAS VEGAS NV 89104

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**  
 Date Incurred: M 03 / D 31 / Y 2014  
 Date Due: M / D / Y 2018  
 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	102991.89

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