

# 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  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

ADDRESS (number and street) 6 E Street, SE  
 Check if different than previously reported. (ACC) Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C C00259143 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
CA 40

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  
11 / 25 / 2014 through 12 / 31 / 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 A. Christian Hart  
Signature of Treasurer A. Christian Hart *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 30 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	500.00	500.00
(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)).....	500.00	500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	21606.54	29774.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	3566.57	3566.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18039.97	26208.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29056.25	
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).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**LUCILLE ROYBAL-ALLARD 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).....	500.00	500.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	500.00	500.00
(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))..	500.00	500.00
<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	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	3566.57	3566.57
<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>	4066.57	4066.57

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21606.54	29774.86
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 .....	100.00	100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21706.54	29874.86

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	46696.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4066.57
25. SUBTOTAL (add Line 23 and Line 24).....	50762.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21706.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29056.25

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald B. Gottsegen**

Mailing Address 10312 Crow Canyon Rd

City Castro Valley State CA Zip Code 94552-9502

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

Name of Employer MA Center LA Occupation President

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  
 12 / 22 / 2014

**Transaction ID : C10310999**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

500.00

**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 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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Registrar-Recorder/County Clerk**

Mailing Address 12400 Imperial Hwy

City Norwalk State CA Zip Code 90650-3134

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3566.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : C10311879**

Amount of Each Receipt this Period  
 2690.44

Refund

**B.** Full Name (Last, First, Middle Initial)  
**Registrar-Recorder/County Clerk**

Mailing Address 12400 Imperial Hwy

City Norwalk State CA Zip Code 90650-3134

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3566.57**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : C10335112**

Amount of Each Receipt this Period  
 876.13

Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**3566.57**

**3566.57**

**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 14	
	<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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Daniel S. Andalon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 6428 La Riba Way		Amount of Each Disbursement this Period 1433.55 <b>Transaction ID : D559220</b>
City Los Angeles	State CA Zip Code 90042-3622	
Purpose of Disbursement Consultant expense reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 2.80 <b>Transaction ID : D559211</b>
City Simi Valley	State CA Zip Code 93062-5180	
Purpose of Disbursement Credit card processing fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : D559212</b>
City Simi Valley	State CA Zip Code 93062-5180	
Purpose of Disbursement Credit card processing fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1456.30
<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 8 OF 14			
	<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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 44.34
City Simi Valley	State CA	
Zip Code 93062-5180	Purpose of Disbursement Credit card processing fees	Transaction ID : D559213
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 5180		Amount of Each Disbursement this Period 169.59
City Simi Valley	State CA	
Zip Code 93062-5180	Purpose of Disbursement Credit card processing fees	Transaction ID : D559214
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dotti Mavromatis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 6 E Street, SE		Amount of Each Disbursement this Period 3710.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Salary	Transaction ID : D559227
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3923.93
<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 14			
	<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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dotti Mavromatis</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014		
Mailing Address 6 E Street, SE			Amount of Each Disbursement this Period 3710.00		
City Washington	State DC	Zip Code 20003	Transaction ID : D559228		
Purpose of Disbursement Salary		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014		
Mailing Address 1101 15th Street, NW Suite 500			Amount of Each Disbursement this Period 1950.00		
City Washington	State DC	Zip Code 20005	Transaction ID : D559216		
Purpose of Disbursement Database software and support		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. QuickBooks Payroll Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014		
Mailing Address 2800 E. Commerce Center Pl.			Amount of Each Disbursement this Period 107.97		
City Tucson	State AZ	Zip Code 85706	Transaction ID : D559206		
Purpose of Disbursement Payroll service fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5767.97
<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 14			
	<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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. QuickBooks Payroll Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014		
Mailing Address 2800 E. Commerce Center Pl.			Amount of Each Disbursement this Period 104.69		
City Tucson	State AZ	Zip Code 85706	Transaction ID : D559207		
Purpose of Disbursement Payroll service fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. QuickBooks Payroll Service</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014		
Mailing Address 2800 E. Commerce Center Pl.			Amount of Each Disbursement this Period 3.28		
City Tucson	State AZ	Zip Code 85706	Transaction ID : D559208		
Purpose of Disbursement Payroll service fee		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 Treasury</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014		
Mailing Address Internal Revenue Service			Amount of Each Disbursement this Period 2444.00		
City Cincinnati	State OH	Zip Code 45999-0005	Transaction ID : D559229		
Purpose of Disbursement Payroll taxes		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2551.97
<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 14	
	<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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address Internal Revenue Service		Amount of Each Disbursement this Period 2444.00 <b>Transaction ID : D559230</b>
City Cincinnati	State OH Zip Code 45999-0005	
Purpose of Disbursement Payroll taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO Box 4001		Amount of Each Disbursement this Period 176.13 <b>Transaction ID : D559202</b>
City Inglewood	State CA Zip Code 90313	
Purpose of Disbursement Telephone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 305.00 <b>Transaction ID : D559231</b>
City Richmond	State VA Zip Code 23218	
Purpose of Disbursement Payroll taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2925.13
<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 14			
	<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)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 305.00 <b>Transaction ID : D559232</b>
City Richmond	State VA Zip Code 23218	
Purpose of Disbursement Payroll taxes	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1611.63 <b>Transaction ID : D559210</b>
City Gaithersburg	State MD Zip Code 20878	
Purpose of Disbursement Administrative services/Compliance	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address PO Box 15153		Amount of Each Disbursement this Period 2642.79 <b>Transaction ID : D559209</b>
City Wilmington	State DE Zip Code 19886-5153	
Purpose of Disbursement Credit card (see below)	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4559.42
<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 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Los Angeles Turf Club, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address Group Sales Department 285 W. Hunt		Amount of Each Disbursement this Period 2500.00
City Arcadia	State CA Zip Code 91007	
Purpose of Disbursement Fundraising event deposit	Candidate Name	Transaction ID : D559205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	21184.72

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

NAME OF COMMITTEE (In Full)  
**LUCILLE ROYBAL-ALLARD FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Daniel S. Andalon</b>		Nature of Debt (Purpose): Expense reimbursement
Mailing Address 6428 La Riba Way		
City State	Zip Code	
Los Angeles CA	90042-3622	

Outstanding Balance Beginning This Period	<b>Transaction ID : D556887</b>	
<input type="text" value="1433.55"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1433.55"/>	<input type="text" value="0.00"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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