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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Auth	orized Com	mittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typiner the lines.	g, type	12FE4M5	
Friends of Stan Tran						
ADDRESS (number and street)	274 South Main St.					
Charle if different	Apt. 38					
Check if different than previously reported. (ACC)	Providence				RI L	02903
2. FEC IDENTIFICATION NU	MBER ▼ _	CITY A		:	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00560490	3	. IS THIS REPORT	X NEW	OR	AMEND (A)	
4. TYPE OF REPORT (Cho	ose One)	40 D BBE	E D			
(a) Quarterly Reports:	, (p)	12-Day PRE	-Election Repo	ort for the:	1	
April 15 Quarterly Re	eport (Q1)	Ш	Primary (12P)	General (1	2G) Runoff (12R)
July 15 Quarterly Re			Convention (12C)	Special (1	2S)
October 15 Quarterly		Election on	M M /	D D /	Y Y Y Y	in the State of
X January 31 Year-End	Report (YE) (c)	30-Day POS	T -Election Rep	oort for the:		
			General (30G		Runoff (30	Special (30S)
Termination Report (ΓER)	Election on	M M /	D D /	Y	in the State of
5. Covering Period 11	/ D D / Y	ү ү ү 2014	through	M M 12	/ D D /	Y Y Y Y Y 2014
I certify that I have examined this	Report and to the	best of my kn	owledge and	belief it is tru	ue, correct and	d complete.
Type or Print Name of Treasurer	Ms Alyson Neary C	Chatham				
Signature of Treasurer Ms Al	yson Neary Chatham		[Electronically]	Filed] D	ate 01	/ D D / Y Y Y Y Y 2015
NOTE: Submission of false, erroned	ous, or incomplete in	formation may	subject the per	son signing t	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

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Write or Type Committee Name

			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))	0.00	9802.99
	(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))	0.00	9802.99
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	0.00	13933.89
	(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	13933.89
8.		th on Hand at Close of porting Period (from Line 27)	0.00	
9.	the	ots and Obligations Owed TO Committee (Itemize all on ledule C and/or Schedule D)	5869.10	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule C and/or Schedule D)	10000.00	

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

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Stan Tran

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)	0.00	6050.00	
	(ii) Unitemized	0.00	3160.00	
	(iii) TOTAL of contributions from individuals	0.00	9210.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
`	d) The Candidate	0.00	592.99	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	9802.99	
	FRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3. L	LOANS:	,	,	
(a) Made or Guaranteed by the Candidate	0.00	10000.00	
(b) All Other Loans	0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	10000.00	
	DFFSETS TO OPERATING			
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
1	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	19802.99	

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
17.	OPERATING EXPENDITURES	0.00	13933.89	
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	5869.10	
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	19802.99	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	0.00	
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)			
25.	SUBTOTAL (add Line 23 and Line 24)		0.00	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		0.00	

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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	13a
	13h

OANS			Detailed Summary		(check only one	;)	13a 13b
IAME OF COMMITTEE (In Full)			Tran	saction l	ID : SC/9.4257		100
Friends of Stan Tran							
LOAN SOURCE Full Name (Last Mr. Stanford Tran	, First, Middle Ir	nitial)			ction: 2014 Primary General		
Mailing Address 24 Preston st					Other (specify)	,	
City	State	ZIP Cod	de				
Providence	RI	02906					
Original Amount of Loan	Cun	nulative Payment To	Date I	Balance (Outstanding at Clo	ose of This	s Period
58	69.10		0.00		, ,	5869.1	10
Date Incurred M 10 / D 16 / Y 2014	(Y M M	Date Due	Interest I	Rate	% (apr)	Secured:	\boxtimes
List All Endorsers or Guarantors	s (if anv) to Loa	n Source		-	70 (αρι)	Yes	No
1. Full Name (Last, First, Middle			Name of Employer				
Mailing Address			Occupation				
City	State ZIF	² Code	Amount Guaranteed Outstanding:	7	7	- · ·	
2. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIF	P Code	Amount Guaranteed Outstanding:	,		-	
3. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIF	² Code	Amount Guaranteed Outstanding:	7		-	
4. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIF	P Code	Amount Guaranteed Outstanding:	7		- I	
SUBTOTALS This Period This Page	(optional)		·····		7	5869.1	10
TOTALS This Period (last page in the	is line only)		·····		, , ,	5869.1	10
Carry outstanding balance only to I	INE 3. Schedule	D. for this line. If a	no Schedule D. carry	forward	to appropriate lin	ne of Sum	marv.

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

6 OF

×	13a
	13b

LOANS	Detailed Summary Page (check only one) X 13a 13b
NAME OF COMMITTEE (In Full) Friends of Stan Tran	Transaction ID : SC/10.4167
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: 2014
Mr. Stanford Tran	Primary General
Mailing Address 24 Preston st	Other (specify) ▼
City State ZIP	Code
Providence RI 029	06
Original Amount of Loan Cumulative Payment	
5000.00	0.00 5000.00
TERMS Date Incurred Date D	ue Interest Rate Secured:
M05 ^M / D06 ^D / Y Ž014 Y M M / D D /	y y y y 0.00 % (apr) 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
ag / daliess	
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
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.
<u> </u>	** *

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

X	13a
	13h

OF

DANS		Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.4229
LOAN SOURCE Full Name (Last, F	irst, Middle Initial)	Election: 2014
Mr. Stanford Tran		Primary General
Mailing Address 24 Preston st		Other (specify) ▼
City	State ZIP C	code
Providence	RI 0290	3
Original Amount of Loan 5000.	Cumulative Payment 7	Do Date Balance Outstanding at Close of This Period 5000.00
TERMS		2 2 2
Date Incurred M 08 / D 15 D / Y 2014	Pate Du	e Interest Rate Secured: 0.00 (apr) Yes No
List All Endorsers or Guarantors (i	f any) to Loan Source	100 1100
1. Full Name (Last, First, Middle In	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (or	otional)	5000.00
OTALS This Period (last page in this	ine only)	10000.00
	E 3, Schedule D, for this line. I	If no Schedule D, carry forward to appropriate line of Summary.