



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Elect Hannosh Committee**

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))....	12610.73	13645.73
(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)).....	12610.73	13645.73
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	13946.96	14704.45
(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)).....	13946.96	14704.45
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	393.52	
<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>	1500.00	

**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

**Elect Hannosh Committee**

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

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).....	9450.00	10230.00
(ii) Unitemized.....	3160.73	3415.73
(iii) TOTAL of contributions from individuals ▶	12610.73	13645.73
(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))..	12610.73	13645.73
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	1500.00	1500.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1500.00	1500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14110.73	15145.73

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13946.96	14704.45
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) ►	13946.96	14704.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	229.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14110.73
25. SUBTOTAL (add Line 23 and Line 24).....	14340.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13946.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	393.52

**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 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 2022 Teton Pass St.

City El Cajon State CA Zip Code 92019

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

Name of Employer Self Employed Occupation Business Owner - Gaslamp Pizza

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  
 02 / 17 / 2014

**Transaction ID : SA11AI.4140**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 1420 Vista Sierra Dr.

City El Cajon State CA Zip Code 92019

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

Name of Employer Calbiotech Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
300.00

Campaign Donation

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

Mailing Address 1420 Vista Sierra Dr.

City El Cajon State CA Zip Code 92019

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

Name of Employer Calbiotech Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.4183**

Amount of Each Receipt this Period  
300.00

Campaign Donation

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

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

850.00

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

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

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Elect Hannosh Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ramiel T. Begzadeh**  
 Mailing Address 850 Jamacha Rd Ste 201  
 City State Zip Code  
 El Cajon CA 92019-3200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jim Fargo & Co Accountant  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014  
**Transaction ID : SA11AI.4188**  
 Amount of Each Receipt this Period  
 Campaign Donation  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Keith Esshaki**  
 Mailing Address 9855 Businesspark Ave.  
 City State Zip Code  
 San Diego CA 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Business Owner - GTC Systems  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014  
**Transaction ID : SA11AI.4162**  
 Amount of Each Receipt this Period  
 Campaign Donation  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Keith Esshaki**  
 Mailing Address 9855 Businesspark Ave.  
 City State Zip Code  
 San Diego CA 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Business Owner - GTC Systems  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014  
**Transaction ID : SA11AI.4163**  
 Amount of Each Receipt this Period  
 Campaign Donation  
 100.00

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

600.00

**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 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 4440 Resmar Rd

City La Mesa State CA Zip Code 91941-6870

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

Name of Employer Self Employed Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4117**

Amount of Each Receipt this Period  
 Campaign Donation 400.00

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

Mailing Address 17818 Cape Jasmine Rd.

City Canyon Country State CA Zip Code 91387-3818

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

Name of Employer Self Employed Occupation Business Owner - Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
 Campaign Donation 300.00

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

Mailing Address 4102 Mill Valley Ct.

City La Mesa State CA Zip Code 91941

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

Name of Employer Law Office Charles S. Limandri Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
 Campaign Donation 250.00

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

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

950.00

**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 8 OF 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 1414 Fuerte Heights Lane

City State Zip Code  
El Cajon CA 92019

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

Name of Employer Occupation  
Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2014

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
300.00

Campaign Donation

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

Mailing Address 10502 Jimenez St.

City State Zip Code  
Lake View Terrace CA 91342

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

Name of Employer Occupation  
Hollywood Manufacturing Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 28 / 2014

**Transaction ID : SA11AI.4114**

Amount of Each Receipt this Period  
200.00

Campaign Donation

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

Mailing Address 10403 Valley Water Dr.

City State Zip Code  
San Diego CA 92110

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

Name of Employer Occupation  
Self Employed Business Owner - Holiday Inn Express

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 1470 Vista Grande Rd.

City El Cajon	State CA	Zip Code 92019
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner - Simon & Richard Const
-----------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11AI.4153**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 1470 Vista Grande Rd.

City El Cajon	State CA	Zip Code 92019
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner - Simon & Richard Const
-----------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
200.00

Campaign Donation

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

Mailing Address 1470 Vista Grande Rd.

City El Cajon	State CA	Zip Code 92019
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Business Owner - Simon & Richard Const
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
100.00

Campaign Donation

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

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

550.00

**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 10 OF 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 1470 Vista Grande Rd.

City El Cajon State CA Zip Code 92019

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

Name of Employer Self Employed Occupation Business Owner - Simon & Richard Const

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
**200.00**

Campaign Donation

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

Mailing Address 1326 Vista Grande Rd.

City El Cajon State CA Zip Code 92019

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : SA11AI.4175**

Amount of Each Receipt this Period  
**250.00**

Campaign Donation

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

Mailing Address 11320 Explorer Rd

City La Mesa State CA Zip Code 91941

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

Name of Employer Self Employed Occupation Business Owner - Wine & Spirits

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 17 / 2014**

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
**500.00**

Campaign Donation

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

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

**950.00**

**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 11 OF 20
	<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)  
**Elect Hannosh Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Ramzi T. Salem**

Mailing Address 11320 Explorer Rd

City La Mesa State CA Zip Code 91941

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

Name of Employer Self Employed Occupation Business Owner - Wine & Spirits

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
1300.00

Campaign Donation

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

Mailing Address 2574 Granada Cir

City Spring Valley State CA Zip Code 91977-6727

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

Name of Employer Qualcomm Occupation Electrical Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 2574 Granada Cir

City Spring Valley State CA Zip Code 91977-6727

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

Name of Employer Qualcomm Occupation Electrical Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 3278 Vista Matamo

City State Zip Code  
El Cajon CA 92019-2863

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

Name of Employer Occupation  
Self Employed Business Owner-Lewis Salem Inc.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11AI.4210**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 1955 San Diego Ave.

City State Zip Code  
San Diego CA 92110

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

Name of Employer Occupation  
Self Employed Business Owner - Holiday Inn Express

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11AI.4216**

Amount of Each Receipt this Period  
1000.00

Campaign Donation

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

Mailing Address 5146 Russel Sq.

City State Zip Code  
La Mesa CA 91941-4384

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

Name of Employer Occupation  
Self Employed Business Owner - CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2014

**Transaction ID : SA11AI.4220**

Amount of Each Receipt this Period  
750.00

Campaign Donation

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

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

2000.00

**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 13 OF 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 1129 Avenida Del Oceano

City State Zip Code  
El Cajon CA 92019

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

Name of Employer Occupation  
ASA Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11AI.4115**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 3106 Main St.

City State Zip Code  
San Diego CA 92113

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

Name of Employer Occupation  
Self Employed Business Owner - Mr. Neon Inc.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11AI.4202**

Amount of Each Receipt this Period  
250.00

Campaign Donation

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

Mailing Address 906 W. Beacon St.

City State Zip Code  
Alhambra CA 91801

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

Name of Employer Occupation  
N/A Retiree

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
480.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 04 / 2014

**Transaction ID : SA11AI.4150**

Amount of Each Receipt this Period  
200.00

Campaign Donation

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

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

700.00

**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 14 OF 20
	<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)  
**Elect Hannosh Committee**

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

Mailing Address 3092 Jamacha View Dr.

City State Zip Code  
El Cajon CA 92109

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

Name of Employer Occupation  
Self Employed Business Owner - Liquor Store

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2014

**Transaction ID : SA11Al.4122**

Amount of Each Receipt this Period  
300.00

Campaign Donation

**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).....

300.00

9450.00

**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 15 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elect Hannosh Committee**

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

Mailing Address 7636 Ice House Canyon  
PMB 481

City Mt Baldy State CA Zip Code 91759

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

Name of Employer N/A Occupation Homemaker/CPA-Inactive

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA13B.4158**

Amount of Each Receipt this Period  
 1500.00

Short Term No Interest Loan

**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).....

1500.00

1500.00

**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 16 OF 20			
	<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)  
**Elect Hannosh Committee**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 72.92 <b>Transaction ID : SB17.4297</b>
City Palo Alto	State CA	Zip Code 94301-1605	
Purpose of Disbursement Advertising		Candidate Name	Category/ Type 004
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. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period 163.10 <b>Transaction ID : SB17.4316</b>
City Palo Alto	State CA	Zip Code 94301-1605	
Purpose of Disbursement Advertising		Candidate Name	Category/ Type 004
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. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 156 University Ave.			Amount of Each Disbursement this Period -15.43 <b>Transaction ID : SB17.4327</b>
City Palo Alto	State CA	Zip Code 94301-1605	
Purpose of Disbursement Adjustment		Candidate Name	Category/ Type 004
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) .....	220.59
<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 17 OF 20			
	<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)  
**Elect Hannosh Committee**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 156 University Ave.		Amount of Each Disbursement this Period 91.51 <b>Transaction ID : SB17.4328</b>
City Palo Alto	State CA Zip Code 94301-1605	
Purpose of Disbursement Advertising	Category/Type 004	
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. Inyo CountyClerk/Recorder</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 168 N. Edwards Street		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : SB17.4254</b>
City Independence	State CA Zip Code 93526	
Purpose of Disbursement Candidate Statement	Category/Type 001	
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. Mono County Registrar</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address PO Box 237		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4266</b>
City Bridgeport	State CA Zip Code 93517	
Purpose of Disbursement Candidate Statement	Category/Type 001	
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).....	991.51
<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 18 OF 20			
	<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)  
**Elect Hannosh Committee**

Full Name (Last, First, Middle Initial) <b>A. San Bernardino ROV</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 777 East Rialto Avenue		Amount of Each Disbursement this Period 1740.00 <b>Transaction ID : SB17.4333</b>
City San Bernardino State CA Zip Code 92415-0770	Purpose of Disbursement Filing Fees 001 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. San Bernardino ROV</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 777 East Rialto Avenue		Amount of Each Disbursement this Period 10071.00 <b>Transaction ID : SB17.4353</b>
City San Bernardino State CA Zip Code 92415-0770	Purpose of Disbursement Candidate Statement Fee 001 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. VistaPrint</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 95 Hayden Avenue Lexington		Amount of Each Disbursement this Period 107.25 <b>Transaction ID : SB17.4350</b>
City Lexington State MA Zip Code 02421	Purpose of Disbursement Business Cards/Return Address Stamp 004 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).....	11918.25
<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 19 OF 20	
	<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)  
**Elect Hannosh Committee**

Full Name (Last, First, Middle Initial) <b>A. VistaPrint</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2014</b>
Mailing Address <b>95 Hayden Avenue Lexington</b>		Amount of Each Disbursement this Period <b>48.57</b>
City <b>Lexington</b> State <b>MA</b> Zip Code <b>02421</b>	Category/Type <b>004</b>	
Purpose of Disbursement <b>Business Cards/Return Address Stamp</b>		<b>Transaction ID : SB17.4355</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <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		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	
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		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>48.57</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>13178.92</b>

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4158

Elect Hannosh Committee

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

Kathryn Hannosh

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address

7636 Ice House Canyon  
PMB 481

City State ZIP Code  
Mt Baldy CA 91759

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1500.00 0.00 1500.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
03 / 03 / 2014 M M / D D / 11/4/2014 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
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)..... 1500.00  
**TOTALS** This Period (last page in this line only)..... 1500.00

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