

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

MATHEWS FOR CONGRESS

ADDRESS (number and street) 3700 WILSHIRE BLVD., STE. 1050-B

Check if different than previously reported. (ACC) LOS ANGELES CA 90010-3090

2. FEC IDENTIFICATION NUMBER

C C00259374

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT CA 47

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] 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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 07/01/2013 through 09/30/2013

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 DAVID GOULD

Signature of Treasurer DAVID GOULD

[Electronically Filed]

Date

MM/DD/YYYY 10/17/2013

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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MATHEWS 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))....	50.00	150.00
(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)).....	50.00	150.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	50.00	100.00
(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)).....	50.00	100.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	6.42	
<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>	362593.76	

**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

**MATHEWS 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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	50.00	150.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	50.00	150.00
<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>	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>	50.00	150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50.00	100.00
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) ►	50.00	100.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50.00
25. SUBTOTAL (add Line 23 and Line 24).....	56.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6.42

**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 104
	<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	

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)  
**MATHEWS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**E. PETER MATHEWS**

Mailing Address 3701 VERMONT STREET

City State Zip Code  
LONG BEACH CA 90814-2753

FEC ID number of contributing federal political committee. **C H2CA38062**

Name of Employer Occupation  
El Camino College Professor

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2013

**Transaction ID : 11D-3914**

Amount of Each Receipt this Period  
50.00

**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).....

50.00

50.00

**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 6 OF 104	
	<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)  
**MATHEWS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David L. Gould Company</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2013
Mailing Address 3700 Wilshire Blvd., #1050B		Amount of Each Disbursement this Period 50.00
City Los Angeles State CA Zip Code 90010	Purpose of Disbursement Political Reporting Services	
Candidate Name	Category/Type 001	<b>Transaction ID : 17-1735</b>
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)	
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	Category/Type	
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)	
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	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).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	50.00

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-14-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 15 / Y 1998	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-15-LR

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 1998  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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**TERMS**

Date Incurred M 06 / D 29 / Y 1998	Date Due M 12 / D 31 / Y 2005	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)..... ▶ 500.00

**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.



**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 : C10-17-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 1998

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

240.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

240.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 06 /

D 30 /

Y 1998 Y

M 12 /

D 31 /

Y 2005 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

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)..... ▶

240.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-16-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 1998	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	150.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-26-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 02 /

D 05 /

Y 1999 Y

M 12 /

D 31 /

Y 2006 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

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)..... ▶

600.00

**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.

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

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-22-LR**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2000  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 3701 VERMONT STREET

City State ZIP Code  
 LONG BEACH CA 90814-2753

Original Amount of Loan 750.00	Cumulative Payment To Date 650.00	Balance Outstanding at Close of This Period 100.00
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**TERMS**

Date Incurred M 03 / D 16 / Y 1999	Date Due M 12 / D 31 / Y 2006	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)..... ▶ [ ] 100.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-24-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2000 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4050.00	0.00	4050.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 28 / Y 1999	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	4050.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-25-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1800.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 05 /

Y 1999 Y

M 12 /

D 31 /

Y 2006 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

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)..... ▶

1800.00

**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.

**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 : C10-27-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 09 D /

Y 1999 Y

M 12 M /

D 31 D /

Y 2006 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

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)..... ▶

750.00

**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.

**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 : C10-28-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

30000.00

Cumulative Payment To Date

3200.00

Balance Outstanding at Close of This Period

26800.00

**TERMS**

Date Incurred

02 / 02 / 2000

Date Due

12 / 31 / 2006

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)..... ▶

26800.00

**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.



**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 : C10-30-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 08 /

Y 2000 Y

M 12 /

D 31 /

Y 2006 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

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)..... ▶

150.00

**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.

**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 : C10-34-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

420.00

0.00

420.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 07 D

Y 2000 Y

M 12 M

D 31 D

Y 2006 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

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)..... ▶

420.00

**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.

**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 : C10-35-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2000

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

208.70

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

208.70

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08 / 14 / 2000

12 / 31 / 2005

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)..... ▶

208.70

**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**

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-36-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 23 / 2000	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	100.00
<b>TOTALS</b> 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**

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-37-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
73.66	0.00	73.66

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2000	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	73.66
<b>TOTALS</b> 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**

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 : C10-38-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2002

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01 / 10 / 2002

12 / 31 / 2005

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)..... ▶

1000.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-46-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 08 / Y 2002	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	700.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width:150px" type="text"/>
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**

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 : C10-44-LR

**MATHEWS FOR CONGRESS**

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

*[PERSONAL FUNDS]*

Election: 2002

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 09 /

Y 2002 Y

M 12 /

D 31 /

Y 2006 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

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)..... ▶

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**

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-45-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 08 / Y 2002	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	150.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-47-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2002

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

115.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

115.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 /

D 23 /

Y 2002 Y

M 12 /

D 31 /

Y 2005 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

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).....

115.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-48-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1400.00	0.00	1400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 02 / Y 2002	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	1400.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-49-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 07 / Y 2002	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	250.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-50-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 29 / Y 2002	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	600.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width:150px" type="text"/>

**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**

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-51-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2800.00	0.00	2800.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 05 / 2002	12 / 31 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	2800.00
<b>TOTALS</b> 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**

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 : C10-52-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2002

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

04

2002

12

31

2005

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).....

100.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-53-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 <sup>M</sup> / 05 <sup>D</sup> / 2002 <sup>Y</sup>	12 <sup>M</sup> / 31 <sup>D</sup> / 2005 <sup>Y</sup>	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	200.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-54-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2004

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 02 /

D 03 /

Y 2003 Y

M 12 /

D 31 /

Y 2005 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

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)..... ▶

100.00

**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.

**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 : C10-55-LR

**MATHEWS FOR CONGRESS**

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

Eapen Peter Mathews

Election: 2004

Primary  
 General  
 Other (specify) ▼

Mailing Address

3701 E Vermont St

City

State

ZIP Code

Long Beach

CA

90814

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M 03 / D 03 / Y 2003

Date Due

M 12 / D 31 / Y 2005

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)..... ▶

200.00

**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.

# 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 : C10-56-LR

**MATHEWS FOR CONGRESS**

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

Eapen Peter Mathews

Election: 2004

Primary

General

Other (specify) ▼

Mailing Address

3701 E Vermont St

City

State

ZIP Code

Long Beach

CA

90814

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

### TERMS

Date Incurred

M 04 / D 11 / Y 2003

Date Due

M 12 / D 31 / Y 2005

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)..... ▶

200.00

**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.

**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 : C10-58-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2004

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

**TERMS**

Date Incurred

08

29

2003

Date Due

12

31

2006

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)..... ▶

400.00

**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.

# 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) **MATHEWS FOR CONGRESS** Transaction ID : C10-61-LR

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	600.00	9400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 / 27 / 2004	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	9400.00
<b>TOTALS</b> 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) Transaction ID : C10-62-LR  
**MATHEWS FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Anju Gupta	Election: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Stagecoach Ln.	

City	State	ZIP Code
Huntington Station	NY	11746

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 05 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	2000.00
<b>TOTALS</b> 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**

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-64-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

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:
M 04 / D 01 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	1500.00
<b>TOTALS</b> 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**

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 : C10-65-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2004

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M /

D 07 D /

Y 2004 Y

M 12 M /

D 31 D /

Y 2005 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

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)..... ▶

9000.00

**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.



**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-66-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 19 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	1000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-67-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2004

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

20.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 27 /

Y 2004 Y

M 12 /

D 31 /

Y 2005 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

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)..... ▶

20.00

**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.

**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 : C10-68-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2004

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M /

D 14 D /

Y 2004 Y

M 12 M /

D 31 D /

Y 2005 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

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)..... ▶

50.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-69-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	0.00	650.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 09 / 2004	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	650.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-73-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2004

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

535.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

535.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 10 / D 07 / Y 2004

M 12 / D 31 / Y 2005

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)..... ▶

535.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-74-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 05 / 2004	12 / 31 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	400.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-75-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
900.00	0.00	900.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 29 / Y 2005	M 04 / D 29 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	900.00
<b>TOTALS</b> 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**

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 : C10-76-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

120.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

120.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

02

2005

06

02

2006

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)..... ▶

120.00

**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.



**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 : C10-77-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

15

2005

09

15

2006

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)..... ▶

1000.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-78-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
233.85	0.00	233.85

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10 / 07 / 2005	10 / 07 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	233.85
<b>TOTALS</b> 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**

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 : C10-79-LR

**MATHEWS FOR CONGRESS**

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

*[PERSONAL FUNDS]*

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 10 M /

D 19 D /

Y 2005 Y

M 10 M /

D 19 D /

Y 2006 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

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)..... ▶

350.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-80-LR**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2006  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET  
City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan 1100.00 Cumulative Payment To Date 0.00 Balance Outstanding at Close of This Period 1100.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M 10 / D 31 / Y 2005 M 10 / D 31 / Y 2006 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)..... ▶ 1100.00  
**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-81-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
11 / 30 / 2005	11 / 30 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	600.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-82-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

130.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

130.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 15 / Y 2005

M 12 / D 15 / Y 2006

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)..... ▶

130.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-83-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.00	0.00	20.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 16 / Y 2005	M 12 / D 16 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	20.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-84-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

10

2006

03

10

2007

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)..... ▶

1000.00

**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.



**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-85-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

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 / 24 / 2006	03 / 24 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	1500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-86-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 / 29 / 2006	03 / 29 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	600.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-87-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110.00	0.00	110.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
04 / 05 / 2006	04 / 05 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	110.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-88-LR**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2006  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 600.00 0.00 600.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 13 / 2006 04 / 13 / 2007 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

**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**

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 : C10-90-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

20

2006

04

20

2007

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)..... ▶

50000.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : C10-91-LR

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2006  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
99.00	0.00	99.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 22 / 2006	09 / 22 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)..... ▶ 99.00

**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.**

**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 : C10-93-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11 M /

D 08 D /

Y 2006 Y

M 11 M /

D 08 D /

Y 2007 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

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)..... ▶

1000.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-94-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
240.00	0.00	240.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 20 / Y 2006	M 11 / D 20 / Y 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	240.00
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width:100%" type="text"/>
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**

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 : C10-95-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2006

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 01 D /

Y 2006 Y

M 12 M /

D 01 D /

Y 2007 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

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)..... ▶

50.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-96-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250.00	0.00	250.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 / 16 / 2007	01 / 16 / 2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	250.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-97-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

360.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

360.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

06

2007

03

06

2008

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)..... ▶

360.00

**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.

**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 : C10-104-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2007

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Special General 2007

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07 / 03 / 2007

07 / 02 / 2008

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)..... ▶

500.00

**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.

**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 : C10-105-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

28000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

20

2007

07

20

2008

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)..... ▶

28000.00

**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.

**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 : C10-106-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary  
 General  
 Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 08 / D 03 / Y 2007 Y

M 08 / D 02 / Y 2008 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

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)..... ▶

1000.00

**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.

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

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-107-LR**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2008  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1900.00	0.00	1900.00

**TERMS**

Date Incurred: M 08 / D 20 / Y 2007  
 Date Due: M 08 / D 19 / Y 2008  
 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)..... ▶ 1900.00

**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.**

**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 : C10-109-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

02

08

2008

02

07

2009

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)..... ▶

1000.00

**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.



**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-110-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
04 / 04 / 2008	04 / 04 / 2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	400.00
<b>TOTALS</b> 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) **MATHEWS FOR CONGRESS** Transaction ID : C10-115-LR

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Anil Kumar**

Election: 2008  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 10370 Northvale Rd.

City State ZIP Code  
 Los Angeles CA 90064

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred: M 05 / D 28 / Y 2008  
 Date Due: M 05 / D 28 / Y 2009  
 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)..... ▶ 1000.00

**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.**

**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 : C10-117-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1000.00

Cumulative Payment To Date

800.00

Balance Outstanding at Close of This Period

200.00

**TERMS**

Date Incurred

M 06 / D 06 / Y 2008 Y

Date Due

M 06 / D 06 / Y 2009 Y

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)..... ▶

200.00

**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.

**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 : C10-118-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07 / 30 / 2008

07 / 30 / 2009

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)..... ▶

70.00

**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.

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

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-119-LR

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2300.00	0.00	2300.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 29 / 2008	08 / 29 / 2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	2300.00
<b>TOTALS</b> 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**

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-120-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
375.00	0.00	375.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10 / 06 / 2008	10 / 06 / 2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	375.00
<b>TOTALS</b> 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**

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 : C10-121-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2008

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

550.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

550.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M /

D 07 D /

Y 2009 Y

M 04 M /

D 07 D /

Y 2010 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

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)..... ▶

550.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-122-LR**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>E. PETER MATHEWS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 02 / 2009	06 / 02 / 2010	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	350.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</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 : C10-124-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2010

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

60.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60.00

### TERMS

Date Incurred

02 / 02 / 2010

Date Due

02 / 02 / 2011

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)..... ▶

60.00

**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.

**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 : C10-126-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2010

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

02

17

2010

02

17

2011

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).....

250.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : C10-127-LR

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 700.00 500.00 200.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 03 / D 18 / Y 2010 M 03 / D 18 / Y 2011 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)..... ▶ 200.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-128-LR**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 800.00 0.00 800.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 04 / 02 / 2010 04 / 02 / 2011 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

**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**

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 : C10-130-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2010

**E. PETER MATHEWS**

Primary  
 General  
 Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

02

2010

04

02

2011

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)..... ▶

1000.00

**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.

**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) **MATHEWS FOR CONGRESS** Transaction ID : C10-134-LR

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 800.00 0.00 800.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 05 / D 04 / Y 2010 M 05 / D 04 / Y 2011 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)..... ▶ 800.00

**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.

**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 : C10-135-LR

**MATHEWS FOR CONGRESS**

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

*[PERSONAL FUNDS]*

Election: 2010

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 14 /

Y 2010 Y

M 05 /

D 14 /

Y 2011 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

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)..... ▶

2500.00

**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.

**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 : C10-141-LR

**MATHEWS FOR CONGRESS**

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

**[PERSONAL FUNDS]**

Election: 2010

**E. PETER MATHEWS**

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1750.00

0.00

1750.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06 / 10 / 2010

06 / 10 / 2011

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)..... ▶

1750.00

**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.



**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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-140-LR**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2010  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
3701 VERMONT STREET

City State ZIP Code  
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
 800.00 0.00 800.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 06 / D 15 / Y 2010 M 06 / D 15 / Y 2011 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

**SUBTOTALS** This Period This Page (optional).....

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

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**AMAC**

Mailing Address 112 S Catalina Ave

City State Zip Code  
 Redondo Beach CA 90277

Nature of Debt (Purpose):  
 Labels & List

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-1989-V</b>	
1461.67		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1461.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Airtouch Cellular-LA**

Mailing Address Dept 6080

City State Zip Code  
 Los Angeles CA 90088

Nature of Debt (Purpose):  
 Cellular phone charges

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-472-V</b>	
380.72		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	380.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**American Data Management Inc.**

Mailing Address 312 Brokaw Rd

City State Zip Code  
 Santa Clara CA 95050

Nature of Debt (Purpose):  
 Voter files,lists,labels

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-1659-V</b>	
2086.32		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2086.32

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3928.71
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Mohammed Atiqullah**

Mailing Address 8092 Ainsworth Ln

City State Zip Code  
La Palma CA 90623

Nature of Debt (Purpose):  
Events

Outstanding Balance Beginning This Period **534.81** Transaction ID : D10-1655-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **534.81**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Bank of America**

Mailing Address 333 S Beaudry St 18th Fl

City State Zip Code  
Los Angeles CA 90017

Nature of Debt (Purpose):  
Interest payable on Loan

Outstanding Balance Beginning This Period **240.75** Transaction ID : D10-2561-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **240.75**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**COGS**

Mailing Address 11343 Steward Street

City State Zip Code  
El Monte CA 91731

Nature of Debt (Purpose):  
Signs

Outstanding Balance Beginning This Period **5000.00** Transaction ID : D10-477-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **5000.00**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>5775.56</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Call America**

Mailing Address 2530 E Lacadena Dr

City State Zip Code  
 Riverside CA 92507

Nature of Debt (Purpose):  
 Long distance phone charges

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-72-V</b>	
2010.97		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2010.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Antonio Castro**

Mailing Address 1518 N Spurgeon Apt # 306

City State Zip Code  
 Santa Ana CA 92701

Nature of Debt (Purpose):  
 Office Expenses

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-2583-V</b>	
159.72		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	159.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Copyco**

Mailing Address 2155 N. Bellflower Blvd.

City State Zip Code  
 Long Beach CA 90815

Nature of Debt (Purpose):  
 Printing

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-2793-V</b>	
52.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	52.50

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2223.19
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Corporate Computer Rental</b>		Nature of Debt (Purpose): Computer rentals
Mailing Address 222 W Florence Ave		
City State	Zip Code	
Inglewood CA	90301	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-481-V</b>	
<input type="text" value="413.78"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="413.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fred M. Cruz</b>		Nature of Debt (Purpose): Printing
Mailing Address 845 E 6th St. Apt 5		
City State	Zip Code	
Long Beach CA	90802	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-2985-V</b>	
<input type="text" value="8.74"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="8.74"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>David L. Gould Company</b>		Nature of Debt (Purpose): Political Reporting Services
Mailing Address 3700 Wilshire Blvd., #1050B		
City State	Zip Code	
Los Angeles CA	90010	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-17-V</b>	
<input type="text" value="17125.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="50.00"/>	<input type="text" value="17075.25"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="17497.77"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
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"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Democratic Voters Choice**

Mailing Address 728 W. Edna Pl.

City State Zip Code  
 Covina CA 91722

Nature of Debt (Purpose):  
 Slate Mailer

Outstanding Balance Beginning This Period **Transaction ID : D10-763-V**  
 750.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 750.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**E-Print & Copy**

Mailing Address 4400 E 7TH

City State Zip Code  
 Long Beach CA 90804

Nature of Debt (Purpose):  
 Printing

Outstanding Balance Beginning This Period **Transaction ID : D10-1916-V**  
 54.13

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 54.13

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Preston Fletcher**

Mailing Address 6824 Via Media Circle

City State Zip Code  
 Buena Park CA 90620

Nature of Debt (Purpose):  
 Consulting Services

Outstanding Balance Beginning This Period **Transaction ID : D10-1376-V**  
 1000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
 0.00 0.00 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1804.13
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**GTE California**

Mailing Address Payment Processing Center

City State Zip Code  
 Inglewood CA 90313

Nature of Debt (Purpose):  
 Phone

Outstanding Balance Beginning This Period **Transaction ID : D10-53-V**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Gravis Marketing**

Mailing Address 910 Belle Ave. Ste. 1042

City State Zip Code  
 Winter Springs FL 32708

Nature of Debt (Purpose):  
 Phone Bank Cost

Outstanding Balance Beginning This Period **Transaction ID : D10-3059-V**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Hang-M-Hi**

Mailing Address 10822 Woodward Ave.

City State Zip Code  
 Sunland CA 91040

Nature of Debt (Purpose):  
 Sign Posting

Outstanding Balance Beginning This Period **Transaction ID : D10-2088-V**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6508.85"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
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"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**HareMail**

Mailing Address 2508 N Palm Dr Ste # 105

City State Zip Code  
Signal Hill CA 90755

Nature of Debt (Purpose):  
Mailer

Outstanding Balance Beginning This Period **1800.00** Transaction ID : D10-2613-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **1800.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**JOHN F. KENNEDY ALLIANCE**

Mailing Address 555 S Flower St # 4210

City State Zip Code  
Los Angeles CA 90071

Nature of Debt (Purpose):  
Slate Mailer

Outstanding Balance Beginning This Period **750.00** Transaction ID : D10-1932-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **750.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Leading Edge**

Mailing Address PO Box 6008

City State Zip Code  
Stockton CA 95206

Nature of Debt (Purpose):  
Computer data service

Outstanding Balance Beginning This Period **258.00** Transaction ID : D10-473-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **258.00**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2808.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Long Beach Press-Telegram**

Nature of Debt (Purpose):  
Subscription

Mailing Address PO Box 93106

City State Zip Code  
Long Beach CA 90809-3106

Outstanding Balance Beginning This Period

10.15

Transaction ID : D10-1155-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**E. PETER MATHEWS**

Nature of Debt (Purpose):  
Printing

Mailing Address 3701 VERMONT STREET

City State Zip Code  
LONG BEACH CA 90814-2753

Outstanding Balance Beginning This Period

117846.88

Transaction ID : D10-0-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

117846.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MCI**

Nature of Debt (Purpose):  
Phone charges

Mailing Address PO Box 85053

City State Zip Code  
Louisville KY 40285

Outstanding Balance Beginning This Period

211.86

Transaction ID : D10-471-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.86

1) **SUBTOTALS** This Period This Page (optional) .....

118068.89

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

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

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MWB Business Systems</b>		Nature of Debt (Purpose):
Mailing Address 14397 Amargosa Rd		
City State	Zip Code	
Victorville	CA 92392	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-479-V</b>	
<input type="text" value="333.54"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="333.54"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amara E. Mathews</b>		Nature of Debt (Purpose): Expenses
Mailing Address 2025 S Holt Ave # 5		
City State	Zip Code	
Los Angeles	CA 90034	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-457-V</b>	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Eapen Peter Mathews</b>		Nature of Debt (Purpose): Printing
Mailing Address 3701 E Vermont St		
City State	Zip Code	
Long Beach	CA 90814	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-1820-V</b>	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1333.54"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
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"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 104
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Metrocall</b>		Nature of Debt (Purpose):
Mailing Address 444 E Huntington Dr # 150		
City State	Zip Code	
Arcadia CA	91006	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-480-V</b>	
177.16		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	177.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Norwalk Printing</b>		Nature of Debt (Purpose): Printing
Mailing Address 12014 E Rosecrans Ave		
City State	Zip Code	
Norwalk CA	90650	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-90-V</b>	
1301.35		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1301.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dick O'Dell</b>		Nature of Debt (Purpose):
Mailing Address 12750 Centralia Street		
City State	Zip Code	
Lakewood CA	90715	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-474-V</b>	
163.25		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	163.25

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1641.76
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 104
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Pitney Bowes</b>	Nature of Debt (Purpose):
Mailing Address PO Box 85390	
City State Zip Code Louisville KY 40285	

Outstanding Balance Beginning This Period 7.83	<b>Transaction ID : D10-478-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Print Well</b>	Nature of Debt (Purpose): To adjust for payment made
Mailing Address 30030 Mission Blvd	
City State Zip Code Hayward CA 94544	

Outstanding Balance Beginning This Period 77.32	<b>Transaction ID : D10-86-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 77.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SAAB Travel &amp; Tours</b>	Nature of Debt (Purpose): Travel Expenses
Mailing Address 17134 Devonshire St Ste # 201	
City State Zip Code Northridge CA 91325	

Outstanding Balance Beginning This Period 2278.00	<b>Transaction ID : D10-855-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2278.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	2363.15
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Seaside Printing Company Inc.**

Nature of Debt (Purpose):  
Printing

Mailing Address 1220 E Fourth St

City State Zip Code  
Long Beach CA 90802

Outstanding Balance Beginning This Period

214.85

Transaction ID : D10-1518-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Bobbie Singh**

Nature of Debt (Purpose):  
Commission & expenses

Mailing Address 2401 Donner Way

City State Zip Code  
Sacramento CA 95818

Outstanding Balance Beginning This Period

400.00

Transaction ID : D10-973-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Southern CA Edison**

Nature of Debt (Purpose):  
Utility Service

Mailing Address PO Box 600

City State Zip Code  
Rosemead CA 91771-0001

Outstanding Balance Beginning This Period

259.49

Transaction ID : D10-89-V

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

259.49

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 2) **TOTALS** This Period (last page this line number only) ..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

874.34

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 104
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Sprint PCS</b>	Nature of Debt (Purpose): Cell Phone
Mailing Address PO Box 79357	
City State Zip Code City of Industry CA 91716-9357	

Outstanding Balance Beginning This Period 1029.07	<b>Transaction ID : D10-1420-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1029.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Staples</b>	Nature of Debt (Purpose): Office supplies
Mailing Address 4600 Pacific Coast Highway	
City State Zip Code Long Beach CA 90804	

Outstanding Balance Beginning This Period 2008.51	<b>Transaction ID : D10-83-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2008.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stationery Place</b>	Nature of Debt (Purpose): Printing
Mailing Address 1327 W 12th Pl	
City State Zip Code Los Angeles CA 90015	

Outstanding Balance Beginning This Period 950.00	<b>Transaction ID : D10-59-V</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 950.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3987.58
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)

**MATHEWS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Target Mailing Services, Inc.</b>		Nature of Debt (Purpose): Mailing Services
Mailing Address 1905 S Mountain Ave		
City State	Zip Code	
Monrovia CA	91016	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-1753-V</b>	
<input type="text" value="3815.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3815.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Verizon California</b>		Nature of Debt (Purpose): Phone
Mailing Address PO Box 9688		
City State	Zip Code	
Mission Hills CA	91346-9688	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-1907-V</b>	
<input type="text" value="229.61"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="229.61"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bank of America VISA</b>		Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address POBox 53132		
City State	Zip Code	
Phoenix AZ	85072-3132	

Outstanding Balance Beginning This Period	<b>Transaction ID : D10-976-W</b>	
<input type="text" value="1984.34"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1984.34"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6028.95"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
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"/>