

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

MATHEWS FOR CONGRESS

ADDRESS (number and street)

555 South Flower Street #4510

Check if different than previously reported. (ACC)

Los Angeles

CA

90071

2. **FEC IDENTIFICATION NUMBER**

C00258374

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED (A)

CA 37

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on 03 02 2004 in the State of CA

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

General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 01 01 2004 through 02 11 2004

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 L. Gould

Signature of Treasurer Electronically Filed by David L. Gould Date 02 16 2004

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MATHEWS FOR CONGRESS

Report Covering the Period: From: M M D D Y Y Y Y To: V M D D Y Y Y Y
0 1 0 1 2 0 0 4 0 2 1 1 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	2915.71	4920.71
(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)).....	2915.71	4920.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	10497.98	13921.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	275.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	10497.98	13646.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2781.62	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	147311.75	

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 02/2003)

Page 3

Write or Type Committee Name
 MATHEWS FOR CONGRESS

Report Covering the Period: From: ^{M M} 0 1 ^{D J} 0 1 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 0 2 ^{U J} 1 1 ^{Y Y Y Y} 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2400.00	
(ii) Unitemized.....	510.71	
(iii) TOTAL of contributions	2910.71	4915.71
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	5.00	5.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	2915.71	4920.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	10000.00	10500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	275.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	12915.71	15695.71

DETAILED SUMMARY PAGE
of Disbursements

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II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	10497.98	13921.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
<hr/>		
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
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	10497.98	13921.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	363.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	12915.71
25. SUBTOTAL (add Line 23 and Line 24).....	13279.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10497.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2781.62

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 51

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Subhash C. Bhatia		Date of Receipt M / D / Y 01 / 26 / 2004
Mailing Address One Stagecoach Lane		Transaction ID: 11(a)(i)2374
City Huntington Station	State NY	Zip Code 11746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Key Management Group Inc.	Occupation Manager	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Richard P. McDonough		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 34 Pinewood		Transaction ID: 11(a)(i)2371
City Irvine	State CA	Zip Code 92604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Richard P. McDonough		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 34 Pinewood		Transaction ID: 11(a)(i)2379
City Irvine	State CA	Zip Code 92604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	2400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 51

(check only one)

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

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NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. E. Peter Mathews		Date of Receipt 01 / 27 / 2004
Mailing Address 3701 Vermont Street		Transaction ID: 13(a)2375
City Long Beach	State CA	Zip Code 90814-2753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10000.00
Name of Employer	Occupation	Loan Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 10505.00	

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

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)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAC

Mailing Address 112 South Catalina Avenue.

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement
Mailing

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: B171048

Date of Disbursement

02 / 10 / 2004

Amount of Each Disbursement this Period

4100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. AMAC

Mailing Address 112 South Catalina Avenue.

City Redondo Beach State CA Zip Code 90277

Purpose of Disbursement
Postage

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: B171038

Date of Disbursement

01 / 26 / 2004

Amount of Each Disbursement this Period

2600.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. E-Print & Copy

Mailing Address 4400 E. 7TH

City Long Beach State CA Zip Code 90804

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: B171047

Date of Disbursement

02 / 06 / 2004

Amount of Each Disbursement this Period

280.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6980.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Fromex Photo Lab

Mailing Address 5277 East 2nd Street

City Long Beach State CA Zip Code 90803

Purpose of Disbursement
Photos

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B171045

Date of Disbursement

02 / 03 / 2004

Amount of Each Disbursement this Period

74.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Seaside Printing Company Inc.

Mailing Address 1220 East Fourth Street

City Long Beach State CA Zip Code 90802

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B171042

Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

2488.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Verizon California

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Phone

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: B171043

Date of Disbursement

02 / 03 / 2004

Amount of Each Disbursement this Period

264.82

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2828.82

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Verizon California

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Phone

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: B171034
Date of Disbursement

01 / 22 / 2004

Amount of Each Disbursement this Period

101.14

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Verizon California

Mailing Address PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Phone

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: B171033
Date of Disbursement

01 / 14 / 2004

Amount of Each Disbursement this Period

101.02

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Unitemized disbursements

Mailing Address 555 South Flower Street #451D

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Unitemized expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

001
Category/
Type

Transaction ID: B170211/2004
Date of Disbursement

01 / 01 / 2004

Amount of Each Disbursement this Period

487.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

689.16

TOTAL This Period (last page this line number only) ▶

10497.98

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102030

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	12 th 09 th 1999	20041209	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 11 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102071

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 90814-2753			
Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	02 / 02 / 2000	20040201	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	30000.00
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	PAGE 12 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102095

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 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:
	03 rd 08 th 2000	20040308	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 13 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102098

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 90814-2753			
Original Amount of Loan 420.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 420.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 07 th 2000	20040407	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 14 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C101903

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	05 th 05 th 1999	20040504	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 15 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C101898

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 90814-2753		
Original Amount of Loan 4050.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4050.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	04 th 28 th 1999	20040427	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	4050.00
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	PAGE 16 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C101891

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 90814-2753		
Original Amount of Loan 750.00	Cumulative Payment To Date 850.00	Balance Outstanding at Close of This Period 100.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 rd 16 th 1999	20040315	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 17 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C101960

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	02 nd 05 th 1999	20040205	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C101246

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	06 th 30 th 1998	20040630	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 10 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C101247

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	06 th 30 th 1998	20040630	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 20 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C101245

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	06 th 29 th 1998	20040629	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 21 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C101174

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 90814-2753			
Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	05 th 15 th 1998	20040515	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	10000.00
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	PAGE 22 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102100

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 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 ^m	14 ⁿ 2000 ^y	20040814	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 23 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102101

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 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:
	08 th 23 rd 2000	20040823	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 24 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102102

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street Personal Funds	
City Long Beach State CA ZIP Code 90814-2753	
Original Amount of Loan 73.66	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 73.66	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	09 th 13 th 2000	20040913	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	73.66
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	PAGE 25 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102190

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	01 st 10 th 2002	20040110	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 26 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102328

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 90814-2753			
Original Amount of Loan 700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 700.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 ^u 08 ⁿ 2002 ^y	20040308	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	700.00
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	PAGE 27 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102312

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	03 rd 09 th 2002	20040309	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 28 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102326

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street Personal Funds	
City Long Beach State CA ZIP Code 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:
$\frac{04}{12}$ M	$\frac{08}{01}$ Y 2002	20040408	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 29 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102330

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street Personal Funds	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
115.00	0.00	115.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
04 ^m	23 ^d 2002 ^y	20040423	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 30 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102335

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 90814-2753		
Original Amount of Loan 1400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1400.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
05 th 02 nd 2002	20040502	0.00000	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	1400.00
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	PAGE 31 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102338

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 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:
	06 th 07 th 2002	20040607	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 32 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102339

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	06 th 29 th 2002	20040629	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 33 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102340

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Mailing Address 3701 Vermont Street Personal Funds		
City Long Beach State CA ZIP Code 90814-2753		
Original Amount of Loan 2800.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2800.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
08 ^m	05 ⁿ 2002 ^y	20040805	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	2800.00
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	PAGE 34 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102341

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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 th 04 th 2002	20040904	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 35 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102342

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street Personal Funds	
City Long Beach State CA ZIP Code 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 th 05 th 2002	20041105	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 36 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102343

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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:
	02 03 2003	20040203	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 37 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102349

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 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	Date Due	Interest Rate	Secured:
	08 th 29 th 2003	20030829	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 38 / 51
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102375

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 Vermont Street Personal Funds			
City Long Beach State CA ZIP Code 90814-2753			
Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	01 st 27 th 2004	20050126	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	10000.00
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	PAGE 39 / 51
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102344

LOAN SOURCE Full Name (Last, First, Middle Initial) Eapen Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3701 E. Vermont Street			
City Long Beach State CA ZIP Code 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	Date Due	Interest Rate	Secured:
	03 / 03 / 2003	20040302	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 40 / 51
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102345

LOAN SOURCE Full Name (Last, First, Middle Initial) Eapen Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 E. Vermont Street	
City Long Beach State CA ZIP Code 90814	

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:
	04 th 11 th 2003	20040411	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	68857.36
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

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

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Airtouch Cellular-LA		Nature of Debt (Purpose): Cellular phone charges	
Mailing Address Dept 6080			
City	State	ZIP Code	
Los Angeles	CA	90088	
Outstanding Balance Beginning This Period		Transaction ID: D10472	
380.72			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	380.72	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amara E. Mathews		Nature of Debt (Purpose): Expenses	
Mailing Address 2025 S. Holt Avenue #5			
City	State	ZIP Code	
Los Angeles	CA	90034	
Outstanding Balance Beginning This Period		Transaction ID: D10457	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	500.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Data Management Inc.		Nature of Debt (Purpose): Labels, Voter files	
Mailing Address 312 Brokaw Road			
City	State	ZIP Code	
Santa Clara	CA	95050	
Outstanding Balance Beginning This Period		Transaction ID: D101659	
2086.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2086.32	

1) SUBTOTALS This Period This Page (optional)	▶	2967.04
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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

FOR LINE NUMBER:
(check only one)

9
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America		Nature of Debt (Purpose): Interest payable on Loan	
Mailing Address 333 South Beaudry St., 18th Fl.			
City State Los Angeles CA	ZIP Code 90017		
Outstanding Balance Beginning This Period 240.75		Transaction ID: D1011	
Amount Incurred This Period 12.00	Payment This Period 12.00	Outstanding Balance at Close of This Period 240.75	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America VISA		Nature of Debt (Purpose): Campaign Items, Meetings	
Mailing Address P.O.Box 53132			
City State Phoenix AZ	ZIP Code 85072-3132		
Outstanding Balance Beginning This Period 1984.34		Transaction ID: D10976	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1984.34	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bobbie Singh		Nature of Debt (Purpose): Commission & expenses	
Mailing Address 2401 Danner Way			
City State Sacramento CA	ZIP Code 95818		
Outstanding Balance Beginning This Period 400.00		Transaction ID: D10973	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00	

1) SUBTOTALS This Period This Page (optional)	▶	2625.09
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COGS			Nature of Debt (Purpose): Signs	
Mailing Address 11343 Steward Street				
City	State	ZIP Code		
El Monte	CA	91731		
Outstanding Balance Beginning This Period			Transaction ID: D10477	
5000.00				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	5000.00		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Call America			Nature of Debt (Purpose): Long distance phone charges	
Mailing Address 2530 E. Lacadena Drive				
City	State	ZIP Code		
Riverside	CA	92507		
Outstanding Balance Beginning This Period			Transaction ID: D1072	
2010.97				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	2010.97		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporate Computer Rental			Nature of Debt (Purpose): Computer rentals	
Mailing Address 222 W. Florence Avenue				
City	State	ZIP Code		
Inglewood	CA	90301		
Outstanding Balance Beginning This Period			Transaction ID: D10481	
413.78				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	413.78		

1) SUBTOTALS This Period This Page (optional)	▶	7424.75
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company		Nature of Debt (Purpose): Political reporting services	
Mailing Address 555 S. Flower, Suite 4510			
City Los Angeles	State CA	ZIP Code 90071	
Outstanding Balance Beginning This Period 13405.25		Transaction ID: D1017	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13405.25	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dick O'Dell		Nature of Debt (Purpose):	
Mailing Address 12750 Centralia Street			
City Lakewood	State CA	ZIP Code 90715	
Outstanding Balance Beginning This Period 163.25		Transaction ID: D10474	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 163.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor E. Peter Mathews		Nature of Debt (Purpose): Phone, Travel, & Supplies	
Mailing Address 3701 Vermont Street			
City Long Beach	State CA	ZIP Code 90814-2753	
Outstanding Balance Beginning This Period 27965.25		Transaction ID: D100	
Amount Incurred This Period 817.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 28782.78	

1) SUBTOTALS This Period This Page (optional)	▶	42351.28
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First U.S.A. VISA			Nature of Debt (Purpose): Campaign Items, Meetings	
Mailing Address P.O.Box 740085				
City Atlanta	State GA	ZIP Code 30374		
Outstanding Balance Beginning This Period 1469.13			Transaction ID: D1086	
Amount Incurred This Period 0.00		Payment This Period 0.00		Outstanding Balance at Close of This Period 1469.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fromex Photo Lab			Nature of Debt (Purpose): Photos	
Mailing Address 5277 East 2nd Street				
City Long Beach	State CA	ZIP Code 90803		
Outstanding Balance Beginning This Period 0.00			Transaction ID: D1088	
Amount Incurred This Period 311.19		Payment This Period 74.25		Outstanding Balance at Close of This Period 236.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor GTE California			Nature of Debt (Purpose): Telephone Charges	
Mailing Address Payment Processing Center				
City Inglewood	State CA	ZIP Code 90313		
Outstanding Balance Beginning This Period 5159.85			Transaction ID: D1053	
Amount Incurred This Period 0.00		Payment This Period 0.00		Outstanding Balance at Close of This Period 5159.85

1) SUBTOTALS This Period This Page (optional)	▶	6865.92
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leading Edge		Nature of Debt (Purpose): Computer data service	
Mailing Address P. O. Box 8008			
City	State	ZIP Code	
Stockton	CA	95208	
Outstanding Balance Beginning This Period		Transaction ID: D10473	
258.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	258.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Long Beach Press-Telegram		Nature of Debt (Purpose): Subscription	
Mailing Address P. O. Box 93106			
City	State	ZIP Code	
Long Beach	CA	90809-3106	
Outstanding Balance Beginning This Period		Transaction ID: D101155	
10.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10.15	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCI		Nature of Debt (Purpose): Phone charges	
Mailing Address P. O. Box 85053			
City	State	ZIP Code	
Louisville	KY	40285	
Outstanding Balance Beginning This Period		Transaction ID: D10471	
211.88			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	211.88	

1) SUBTOTALS This Period This Page (optional)	▶	480.01
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWB Business Systems		Nature of Debt (Purpose):	
Mailing Address 14397 Amargosa Road			
City Victorville	State CA	ZIP Code 92392	
Outstanding Balance Beginning This Period 333.54		Transaction ID: D10479	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 333.54	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Metrocall		Nature of Debt (Purpose):	
Mailing Address 444 E. Huntington Drive #150			
City Arcadia	State CA	ZIP Code 91006	
Outstanding Balance Beginning This Period 177.16		Transaction ID: D10480	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 177.16	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mohammed Atiqullah		Nature of Debt (Purpose): Events	
Mailing Address 8092 Ainsworth Lane			
City La Palma	State CA	ZIP Code 90623	
Outstanding Balance Beginning This Period 534.81		Transaction ID: D101655	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 534.81	

1) SUBTOTALS This Period This Page (optional)	▶	1045.51
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Norwalk Printing			Nature of Debt (Purpose): Printing	
Mailing Address 12014 East Rosecrans Avenue				
City	State	ZIP Code		
Norwalk	CA	90850		
Outstanding Balance Beginning This Period			Transaction ID: D1090	
1301.35				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1301.35	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes			Nature of Debt (Purpose):	
Mailing Address P.O. Box 85390				
City	State	ZIP Code		
Louisville	KY	40285		
Outstanding Balance Beginning This Period			Transaction ID: D10478	
7.83				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	7.83	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Preston Fletcher			Nature of Debt (Purpose): Consulting Services	
Mailing Address 6824 Via Media Circle				
City	State	ZIP Code		
Buena Park	CA	90620		
Outstanding Balance Beginning This Period			Transaction ID: D101378	
1000.00				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	1000.00	

1) SUBTOTALS This Period This Page (optional)	▶	2309.18
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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)

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FOR LINE NUMBER:
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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Print Well		Nature of Debt (Purpose): Printing	
Mailing Address 30030 Mission Boulevard			
City	State	ZIP Code	
Hayward	CA	94544	
Outstanding Balance Beginning This Period		Transaction ID: D1086	
77.32			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	77.32	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAAB Travel & Tours		Nature of Debt (Purpose): Travel Expenses	
Mailing Address 17134 Devonshire Street Suite #201			
City	State	ZIP Code	
Northridge	CA	91325	
Outstanding Balance Beginning This Period		Transaction ID: D10855	
2278.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2278.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Seaside Printing Company Inc.		Nature of Debt (Purpose): Printing of mailers, Mass Mailings	
Mailing Address 1220 East Fourth Street			
City	State	ZIP Code	
Long Beach	CA	90802	
Outstanding Balance Beginning This Period		Transaction ID: D101518	
1715.74			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2489.75	2489.75	1715.74	

1) SUBTOTALS This Period This Page (optional)	▶	4071.06
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS 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)

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numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southern CA Edison		Nature of Debt (Purpose): Utilities	
Mailing Address 127 Elm Avenue			
City Long Beach	State CA	ZIP Code 90802	
Outstanding Balance Beginning This Period 259.49		Transaction ID: D1089	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 259.49	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sprint PCS		Nature of Debt (Purpose): Cellular Phones	
Mailing Address P.O. Box 79270			
City City of Industry	State CA	ZIP Code 91716-0270	
Outstanding Balance Beginning This Period 1029.07		Transaction ID: D101420	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1029.07	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples		Nature of Debt (Purpose): Office supplies	
Mailing Address 4600 Pacific Coast Highway			
City Long Beach	State CA	ZIP Code 90804	
Outstanding Balance Beginning This Period 2008.51		Transaction ID: D1083	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2008.51	

1) SUBTOTALS This Period This Page (optional)	▶	3297.07
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

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numbered line)

FOR LINE NUMBER:
(check only one)

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A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stationery Place			Nature of Debt (Purpose): Printing	
Mailing Address 1327 W. 12th Place				
City	State	ZIP Code		
Los Angeles	CA	90015		
Outstanding Balance Beginning This Period 950.00			Transaction ID: D1059	
Amount Incurred This Period 0.00		Payment This Period 0.00		Outstanding Balance at Close of This Period 950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Target Mailing Services, Inc.			Nature of Debt (Purpose): Mailing Services	
Mailing Address 1805 South Mountain Avenue				
City	State	ZIP Code		
Monrovia	CA	91016		
Outstanding Balance Beginning This Period 3815.00			Transaction ID: D101753	
Amount Incurred This Period 0.00		Payment This Period 0.00		Outstanding Balance at Close of This Period 3815.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon California			Nature of Debt (Purpose): Phone	
Mailing Address PO Box 30001				
City	State	ZIP Code		
Inglewood	CA	90313-0001		
Outstanding Balance Beginning This Period 252.48			Transaction ID: D101907	
Amount Incurred This Period 468.98		Payment This Period 468.98		Outstanding Balance at Close of This Period 252.48

1) SUBTOTALS This Period This Page (optional)	▶	5017.48
2) TOTALS This Period (last page this line number only)	▶	78454.39
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
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