

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
MATEWS FOR CONGRESS

ADDRESS (number and street) 555 South Flower Street #4210
 Check if different than previously reported. (ACC)
Los Angeles CA 90071

2. **FEC IDENTIFICATION NUMBER** C00259374
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) 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 06 26 2007 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 04 01 2007 through 06 06 2007

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 08 09 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MATHEWS FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	6

D	D
0	6

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	8245.12	8245.12
(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)).....	8245.12	8245.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	7834.51	9730.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.72	100.72
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7733.79	9630.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1235.70	
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).....	254762.22	

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)

Write or Type Committee Name
MATHEWS FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
0	6

Y	Y	Y	Y
2	0	0	7

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).....

5150.00

5150.00

(ii) Unitemized.....

3095.12

3095.12

(iii) TOTAL of contributions

8245.12

8245.12

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.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

8245.12

8245.12

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

1900.00

(b) All Other Loans.....

675.00

675.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

675.00

2575.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

100.72

100.72

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)..... ▶

9020.84

10920.84

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7834.51	9730.94
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	7834.51	9730.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	9020.84
25. SUBTOTAL (add Line 23 and Line 24).....	9070.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7834.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1235.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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

Full Name (Last, First, Middle Initial) A. Aris Anagnos		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address 8124 W. Third Street #200		Transaction ID: 11 ai3049
City Los Angeles	State CA	Zip Code 90048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Real Estate Dynamics, Inc.	Occupation Real Estate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr. E.K. Kuriakose		Date of Receipt MM / DD / YYYY 05 / 07 / 2007
Mailing Address 30 The Pines		Transaction ID: 11 ai3014
City Old Westbury	State NY	Zip Code 11568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dinesh C. Patel		Date of Receipt MM / DD / YYYY 05 / 30 / 2007
Mailing Address P.O. Box 58887		Transaction ID: 11 ai3037
City Salt Lake City	State UT	Zip Code 84158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TheraTech, Inc.	Occupation Business Executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David R. Sonneborn

Mailing Address 1183 N Navarro Pl.

City State Zip Code
Orange CA 92869

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

Name of Employer None Occupation Professor Emeritus

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special General

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: 11 ai3017

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David R. Sonneborn

Mailing Address 1183 N Navarro Pl.

City State Zip Code
Orange CA 92869

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

Name of Employer None Occupation Professor Emeritus

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special General

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 0 7

Transaction ID: 11 ai3050

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Teddi Winograd

Mailing Address 608 N. Rodeo Drive

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Self Employed Occupation Owner

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special General

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 7

Transaction ID: 11 ai3046

Amount of Each Receipt this Period
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
N.S. Xavier

Mailing Address 719 Donna Drive

City Birmingham State AL Zip Code 35226

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

Name of Employer Self Employed Occupation Psychiatrist

Receipt For: 2007
 Primary General
 Other (specify) Special General

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 9 / 2 0 0 7

Transaction ID: 11 ai3030

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Davis

Mailing Address 210 Crocker Ave.

City Piedmont State CA Zip Code 94610

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

Name of Employer Self Employed Occupation Owner

Receipt For: 2007
 Primary General
 Other (specify) Special General

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 7

Transaction ID: 11 aiM3054

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) Special General

Election Cycle-to-Date .00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 5 / 2 0 0 7

Transaction ID: 11 aiCDT2626M3054

Amount of Each Receipt this Period
 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
 Total amount of earmarked contributions received from conduit: 2,390.12

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	5150.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 87
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alan Brett Covey		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	6		2	0	0	7													
Mailing Address 4403 Faculty Ave.		Transaction ID: 13b3052																				
City Long Beach	State CA	Zip Code 90808																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00																				
Name of Employer None	Occupation Electrician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	Election Cycle-to-Date ▼ 175.00																					

Full Name (Last, First, Middle Initial) B. Phil-Am Real Estate Alliance		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	6		2	0	0	7													
Mailing Address 1912 Eleanor Pl.		Transaction ID: 13b3051																				
City Lomita	State CA	Zip Code 90717																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	Election Cycle-to-Date ▼ 500.00																					

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	675.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 87
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

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

Mailing Address PO Box 9688

City Mission Hills State CA Zip Code 91346-9688

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

Name of Employer Occupation

Receipt For: 2007
 Primary General
 Other (specify) ▼
 Special General

Election Cycle-to-Date ▼
 100.72

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 0 / 2 0 0 7

Transaction ID: 143041

Amount of Each Receipt this Period
 100.72

Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	100.72
TOTAL This Period (last page this line number only)	100.72

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 87

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

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Colby Poster Printing		Transaction ID: B171243 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1332 West 12th Place		Amount of Each Disbursement this Period 1193.15
City Los Angeles State CA Zip Code 90015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing of signs	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dauk's		Transaction ID: B171248 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 1001 E. 4th		Amount of Each Disbursement this Period 750.00
City Long Beach State CA Zip Code 90802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David L. Gould Company		Transaction ID: B171238 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 555 S. Flower, Suite 4210		Amount of Each Disbursement this Period 500.00
City Los Angeles State CA Zip Code 90071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Reporting Services	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2443.15
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)

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

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. E. Peter Mathews		Transaction ID: B171235 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 3701 Vermont Street		Amount of Each Disbursement this Period 200.00
City Long Beach State CA Zip Code 90814-2753	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. E. Peter Mathews		Transaction ID: B171240 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 3701 Vermont Street		Amount of Each Disbursement this Period 850.00
City Long Beach State CA Zip Code 90814-2753	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. E. Peter Mathews		Transaction ID: B171241 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 3701 Vermont Street		Amount of Each Disbursement this Period 250.00
City Long Beach State CA Zip Code 90814-2753	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Expenses Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1300.00
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)

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

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. E. Peter Mathews		Transaction ID: B171242 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 3701 Vermont Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Long Beach State CA Zip Code 90814-2753		
Purpose of Disbursement Office Expenses Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HareMail		Transaction ID: B171247 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address 2508 N. Palm Dr. Suite #107		Amount of Each Disbursement this Period 3573.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Signal Hill State CA Zip Code 90755		
Purpose of Disbursement Printing/Mailer Expenses Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Unitemized disbursements		Transaction ID: B1706/06/2007 Date of Disbursement M M / D D / Y Y Y Y
Mailing Address 555 South Flower Street #4210		Amount of Each Disbursement this Period 267.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Los Angeles State CA Zip Code 90071		
Purpose of Disbursement Unitemized expenses Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4091.36
TOTAL This Period (last page this line number only) ▶	7834.51

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 13 / 87
	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: C103052

LOAN SOURCE Full Name (Last, First, Middle Initial) Alan Brett Covey	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General
Mailing Address 4403 Faculty Ave.	
City Long Beach State CA ZIP Code 90808	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175.00	0.00	175.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 06 Y Y Y Y 2007	20080605	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	175.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 14 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 0 9 Y Y Y Y 1 9 9 9	20061231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	750.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 15 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 2 Y Y Y Y 2 0 0 0	20061231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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) ▶	<input type="text" value="30000.00"/>
TOTALS This Period (last page in this line only) ▶	<input 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	PAGE 16 / 87
	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	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 M 03 D D 08 Y Y Y Y 2000	20061231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="150.00"/>
TOTALS This Period (last page in this line only)	<input 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	PAGE 17 / 87
	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 type="checkbox"/> Primary <input checked="" 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
420.00	0.00	420.00

TERMS

Date Incurred M M 04 D D 07 Y Y Y Y 2000	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	420.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 18 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1800.00	0.00	1800.00

TERMS

Date Incurred MM DD YYYY 05 05 1999	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1800.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 19 / 87 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<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	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:																		
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>4</td></tr> </table>	M	M	0	4	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>8</td></tr> </table>	D	D	2	8	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>9</td><td>9</td><td>9</td></tr> </table>	Y	Y	Y	Y	1	9	9	9	20061231	0.00000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																				
0	4																				
D	D																				
2	8																				
Y	Y	Y	Y																		
1	9	9	9																		

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 20 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	650.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 16 Y Y Y Y 1999	20061231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	100.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 21 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS

Date Incurred MM DD YY YY 02 05 1999	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="600.00"/>
TOTALS This Period (last page in this line only)	<input 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	PAGE 22 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred MM DD YY YY 06 30 1998	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	150.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 23 / 87
	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	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 M 06 D D 30 Y Y Y Y 1998	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 24 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 29 Y Y Y Y 1998	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	500.00
TOTALS This Period (last page in this line only)	<input 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: C101174

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

E. Peter Mathews

Election:

- Primary
- General
- 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
10000.00	0.00	10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M 05
 D D 15
 Y Y Y Y 1998
 20051231
 0.00000% (apr)
 Yes 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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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	PAGE 26 / 87
	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 type="checkbox"/> Primary <input checked="" 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
208.70	0.00	208.70

TERMS

Date Incurred M M 08 D D 14 Y Y Y Y 2000	Date Due 20051231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	208.70
TOTALS This Period (last page in this line only)	<input 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	PAGE 27 / 87
	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 type="checkbox"/> Primary <input checked="" 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
100.00	0.00	100.00

TERMS

Date Incurred MM DD YYYY 08 23 2000	Date Due 20051231	Interest Rate 0.00000% (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

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 28 / 87
	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 type="checkbox"/> Primary <input checked="" 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
73.66	0.00	73.66

TERMS

Date Incurred M M 09 D D 13 Y Y Y Y 2000	Date Due 20051231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="73.66"/>
TOTALS This Period (last page in this line only)	<input 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	PAGE 29 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred M M 01 D D 10 Y Y Y Y 2002	Date Due 20051231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 30 / 87
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	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 M 0 3 D D 0 8 Y Y Y Y 2 0 0 2	20061231	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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="700.00"/>
TOTALS 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	PAGE 31 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred MM DD YYYY 03 09 2002	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 32 / 87
	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:
M M 0 4 D D 0 8 Y Y Y Y 2 0 0 2	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	150.00
TOTALS This Period (last page in this line only)	<input 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: C102330

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

E. Peter Mathews

Election:

Primary

General

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:

MM 04 DD 23 YYYY 2002

20051231

0.00000% (apr)

Yes 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 34 / 87
	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 type="checkbox"/> Primary <input checked="" 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
1400.00	0.00	1400.00

TERMS

Date Incurred MM DD YYYY 05 02 2002	Date Due 20051231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 35 / 87
	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 type="checkbox"/> Primary <input checked="" 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
250.00	0.00	250.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 07 Y Y Y Y 2002	20061231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	250.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 36 / 87
	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 type="checkbox"/> Primary <input checked="" 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
600.00	0.00	600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 29 Y Y Y Y 2002	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	600.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 37 / 87 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<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 type="checkbox"/> Primary <input checked="" 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
2800.00	0.00	2800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 8 D D 0 5 Y Y Y Y 2 0 0 2	20061231	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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%; text-align: center;" type="text" value="2800.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%; text-align: center;" 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	PAGE 38 / 87
	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 type="checkbox"/> Primary <input checked="" 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
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 04 Y Y Y Y 2002	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	100.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 39 / 87
	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 type="checkbox"/> Primary <input checked="" 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:
M M 1 1 D D 0 5 Y Y Y Y 2 0 0 2	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	200.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 40 / 87
	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	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:
M M 0 2 D D 0 3 Y Y Y Y 2 0 0 3	20051231	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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="100.00"/>
TOTALS 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	PAGE 41 / 87
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred MM DD YYYY 08 29 2003	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	400.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 42 / 87
	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 600.00	Balance Outstanding at Close of This Period 9400.00
-------------------------------------	--------------------------------------	--

TERMS

Date Incurred M M 01 D D 27 Y Y Y Y 2004	Date Due 20051231	Interest Rate 0.00000% (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

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)	9400.00
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 43 / 87 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>	13a				
<input type="checkbox"/>	13b				

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102445

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																		
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>4</td></tr> </table>	M	M	0	4	<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>1</td></tr> </table>	D	D	0	1	<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table>	Y	Y	Y	Y	2	0	0	4	20051231	0.00000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																				
0	4																				
D	D																				
0	1																				
Y	Y	Y	Y																		
2	0	0	4																		

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 44 / 87
	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: C102446

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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 9000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 9000.00
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TERMS

Date Incurred MM DD YYYY 04 07 2004	Date Due 20051231	Interest Rate 0.00000% (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

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)	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: C102450

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

E. Peter Mathews

Election:

- Primary
- General
- 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
1000.00	0.00	1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

Yes 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 46 / 87
	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: C102452

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
20.00	0.00	20.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 5 D D 2 7 Y Y Y Y 2 0 0 4	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 47 / 87
	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: C102687

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
50.00	0.00	50.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 14 Y Y Y Y 2004	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 48 / 87
	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: C102715

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
650.00	0.00	650.00

TERMS

Date Incurred M M 08 D D 09 Y Y Y Y 2004	Date Due 20051231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="650.00"/>
TOTALS This Period (last page in this line only)	<input 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	PAGE 49 / 87
	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: C102719

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
535.00	0.00	535.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 07 Y Y Y Y 2004	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	535.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 50 / 87
	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: C102783

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
400.00	0.00	400.00

TERMS

Date Incurred M M 1 1 D D 0 5 Y Y Y Y 2 0 0 4	Date Due 20061231	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	400.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 51 / 87
	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: C102946

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
900.00	0.00	900.00

TERMS

Date Incurred MM DD YYYY 04 29 2005	Date Due 20060429	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	900.00
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 52 / 87
	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: C102947

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
120.00	0.00	120.00

TERMS

Date Incurred M M 06 D D 02 Y Y Y Y 2005	Date Due 20060602	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 53 / 87
	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: C102968

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
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 15 Y Y Y Y 2005	20060915	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 54 / 87 FOR LINE NUMBER: (check only one) <table style="float: right; margin-left: 10px;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding-left: 5px;">13a</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 5px;">13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>	13a				
<input type="checkbox"/>	13b				

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102970

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
233.85	0.00	233.85

TERMS

Date Incurred	Date Due	Interest Rate	Secured:						
<table style="font-size: x-small; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">1 0</td> <td style="text-align: center;">0 7</td> <td style="text-align: center;">2 0 0 5</td> </tr> </table>	M M	D D	Y Y Y Y	1 0	0 7	2 0 0 5	20061007	0.00000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
1 0	0 7	2 0 0 5							

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: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>

SUBTOTALS This Period This Page (optional) ▶	233.85
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 55 / 87
	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: C102972

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
350.00	0.00	350.00

TERMS

Date Incurred M M D D Y Y Y Y 1 0 1 9 2 0 0 5	Date Due 20061019	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 56 / 87
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: C102973

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
1100.00	0.00	1100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 31 Y Y Y Y 2005	20061031	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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="1100.00"/>
TOTALS 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	PAGE 57 / 87
	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: C102974

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
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TERMS

Date Incurred M M 1 1 D D 3 0 Y Y Y Y 2 0 0 5	Date Due 20061130	Interest Rate 0.00000% (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

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 58 / 87 FOR LINE NUMBER: (check only one) <table style="float: right;"> <tr> <td><input checked="" type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>	13a				
<input type="checkbox"/>	13b				

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C102975

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
130.00	0.00	130.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:						
<table style="font-size: small;"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>1 2</td> <td>1 5</td> <td>2 0 0 5</td> </tr> </table>	M M	D D	Y Y Y Y	1 2	1 5	2 0 0 5	20061215	0.00000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
1 2	1 5	2 0 0 5							

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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%; text-align: center;" type="text" value="130.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%; text-align: center;" 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	PAGE 59 / 87
	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: C102976

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
20.00	0.00	20.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 1 6 Y Y Y Y 2 0 0 5	20061216	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="20.00"/>
TOTALS This Period (last page in this line only)	<input 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	PAGE 60 / 87
	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: C102982

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
1000.00	0.00	1000.00

TERMS

Date Incurred M M 03 D D 10 Y Y Y Y 2006	Date Due 20070310	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 61 / 87
	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: C102984

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
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 24 Y Y Y Y 2006	20070324	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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="1500.00"/>
TOTALS 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	PAGE 62 / 87
	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: C102992

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
600.00	0.00	600.00

TERMS

Date Incurred M M 03 D D 29 Y Y Y Y 2006	Date Due 20070329	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 63 / 87
	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: C102993

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
110.00	0.00	110.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 0 5 Y Y Y Y 2 0 0 6	20070405	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	110.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 64 / 87
	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: C102995

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
600.00	0.00	600.00

TERMS

Date Incurred M M 0 4 D D 1 3 Y Y Y Y 2 0 0 6	Date Due 20070413	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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 65 / 87 FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b
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NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C102998

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
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 0 Y Y Y Y 2 0 0 6	20070420	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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="50000.00"/>
TOTALS 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	PAGE 66 / 87
	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: C103006

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
99.00	0.00	99.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 22 Y Y Y Y 2006	20070922	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 67 / 87
	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: C103008

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
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TERMS

Date Incurred M M 11 D D 08 Y Y Y Y 2006	Date Due 20071108	Interest Rate 0.00000% (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

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 68 / 87
	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: C103009

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
240.00	0.00	240.00

TERMS

Date Incurred M M D D Y Y Y Y 1 1 2 0 0 6	Date Due 20071120	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	240.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 69 / 87 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input checked="" type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input type="checkbox"/></td> <td>13b</td> </tr> </table>	<input checked="" type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>	13a				
<input type="checkbox"/>	13b				

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C103010

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews	Election: <input type="checkbox"/> Primary <input checked="" 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
50.00	0.00	50.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:						
<table style="font-size: small;"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>1 2</td> <td>0 1</td> <td>2 0 0 6</td> </tr> </table>	M M	D D	Y Y Y Y	1 2	0 1	2 0 0 6	20071201	0.00000% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M M	D D	Y Y Y Y							
1 2	0 1	2 0 0 6							

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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%;" type="text" value="50.00"/>
TOTALS 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	PAGE 70 / 87
	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: C103011

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
250.00	0.00	250.00

TERMS

Date Incurred M M 01 D D 16 Y Y Y Y 2007	Date Due 20080116	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	250.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 71 / 87
	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: C103012

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
360.00	0.00	360.00

TERMS

Date Incurred MM DD YY YY 03 06 2007	Date Due 20080306	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	360.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 72 / 87
	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: C102433

LOAN SOURCE Full Name (Last, First, Middle Initial) Anju Gupta	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Stagecoach Ln.	
City Huntington Station State NY ZIP Code 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 M 03 D D 05 Y Y Y Y 2004	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	2000.00
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 73 / 87 FOR LINE NUMBER: (check only one) <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> <td>13a</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>13b</td> </tr> </table>	<input type="checkbox"/>	13a	<input checked="" type="checkbox"/>	13b
<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	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:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>03</td><td></td></tr> </table>	M	M	03		<table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>03</td><td></td></tr> </table>	D	D	03		<table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>3</td></tr> </table>	Y	Y	Y	Y	2	0	0	3	20051231
M	M																		
03																			
D	D																		
03																			
Y	Y	Y	Y																
2	0	0	3																
		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: <input style="width: 100%;" type="text"/>
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"/>
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"/>
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"/>

SUBTOTALS This Period This Page (optional) ▶	<input style="width: 100%; text-align: center;" type="text" value="200.00"/>
TOTALS This Period (last page in this line only) ▶	<input style="width: 100%; text-align: center;" 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	PAGE 74 / 87
	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:
M M 0 4 D D 1 1 Y Y Y Y 2 0 0 3	20051231	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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	200.00
TOTALS This Period (last page in this line only)	<input 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	PAGE 75 / 87
	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: C103051

LOAN SOURCE Full Name (Last, First, Middle Initial) Phil-Am Real Estate Alliance	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General
Mailing Address 1912 Eleanor Pl.	
City Lomita State CA ZIP Code 90717	

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 M 06 D D 06 Y Y Y Y 2007	Date Due 20080605	Interest Rate 0.00000% (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	500.00
TOTALS This Period (last page in this line only)	144350.21
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

(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 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 380.72	Transaction ID: D10472	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 500.00	Transaction ID: D10457	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Data Management Inc.	Nature of Debt (Purpose): Labels, Voter files,lists
Mailing Address 312 Brokaw Road	
City State ZIP Code Santa Clara CA 95050	

Outstanding Balance Beginning This Period 2086.32	Transaction ID: D101659	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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

(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 Bank of America	Nature of Debt (Purpose): Interest payable on Loan
Mailing Address 333 South Beaudry St., 18th Fl.	
City State ZIP Code Los Angeles CA 90017	

Outstanding Balance Beginning This Period 240.75	Transaction ID: D102561	
Amount Incurred This Period 0.00	Payment This Period 0.00	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 ZIP Code Phoenix AZ 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 Donner Way	
City State ZIP Code Sacramento CA 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

(Use separate schedule(s) for each numbered line) PAGE 78 / 87
 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 COGS	Nature of Debt (Purpose): Signs
Mailing Address 11343 Steward Street	
City State ZIP Code El Monte CA 91731	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="5000.00"/>	Transaction ID: D10477
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="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 <input style="width: 100%;" type="text" value="2010.97"/>	Transaction ID: D1072
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="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 <input style="width: 100%;" type="text" value="413.78"/>	Transaction ID: D10481
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="413.78"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="7424.75"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" 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 David L. Gould Company	Nature of Debt (Purpose): Political reporting services
Mailing Address 555 S. Flower, Suite 4210	
City State ZIP Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 15005.25	Transaction ID: D1017	
Amount Incurred This Period 1000.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 15505.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dick O'Dell	Nature of Debt (Purpose):
Mailing Address 12750 Centralia Street	
City State ZIP Code Lakewood CA 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-Print & Copy	Nature of Debt (Purpose): Misc.printing
Mailing Address 4400 E. 7TH	
City State ZIP Code Long Beach CA 90804	

Outstanding Balance Beginning This Period 54.13	Transaction ID: D101916	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 54.13

1) SUBTOTALS This Period This Page (optional).....	15722.63
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

(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 E. Peter Mathews	Nature of Debt (Purpose): Phone, Travel, & Supplies
Mailing Address 3701 Vermont Street	
City State ZIP Code Long Beach CA 90814-2753	

Outstanding Balance Beginning This Period 57181.49	Transaction ID: D100	
Amount Incurred This Period 3023.20	Payment This Period 1550.00	Outstanding Balance at Close of This Period 58654.69

B. 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 State ZIP Code Atlanta GA 30374	

Outstanding Balance Beginning This Period 1469.13	Transaction ID: D1066	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1469.13

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 State ZIP Code Inglewood CA 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).....	65283.67
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

(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 Leading Edge	Nature of Debt (Purpose): Computer data service
Mailing Address P.O. Box 6008	
City State ZIP Code Stockton CA 95206	

Outstanding Balance Beginning This Period 258.00	Transaction ID: D10473	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 10.15	Transaction ID: D101155	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 211.86	Transaction ID: D10471	
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).....	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

(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 MWB Business Systems	Nature of Debt (Purpose):
Mailing Address 14397 Amargosa Road	
City State ZIP Code Victorville CA 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 State ZIP Code Arcadia CA 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 State ZIP Code La Palma CA 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

(Use separate schedule(s) for each numbered line)	PAGE 83 / 87
	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 Norwalk Printing	Nature of Debt (Purpose): Printing
Mailing Address 12014 East Rosecrans Avenue	
City State ZIP Code Norwalk CA 90650	

Outstanding Balance Beginning This Period <input type="text" value="1301.35"/>	Transaction ID: D1090	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="7.83"/>	Transaction ID: D10478	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7.83"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc.	Nature of Debt (Purpose): Printing
Mailing Address P.O. Box 1706	
City State ZIP Code Burbank CA 91507	

Outstanding Balance Beginning This Period <input type="text" value="326.39"/>	Transaction ID: D102611	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="326.39"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1635.57"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) 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)

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NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

A. 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 1000.00	Transaction ID: D101376	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. 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 77.32	Transaction ID: D1086	
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 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 2278.00	Transaction ID: D10855	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2278.00

1) SUBTOTALS This Period This Page (optional).....	3355.32
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

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

FOR LINE NUMBER: (check only one)

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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 of mailers
Mailing Address 1220 East Fourth Street	
City State ZIP Code Long Beach CA 90802	

Outstanding Balance Beginning This Period 1580.74	Transaction ID: D101518	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1580.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southern CA Edison	Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 600	
City State ZIP Code Rosemead CA 91771-0001	

Outstanding Balance Beginning This Period 259.49	Transaction ID: D1089	
Amount Incurred This Period 48.66	Payment This Period 48.66	Outstanding Balance at Close of This Period 259.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sprint PCS	Nature of Debt (Purpose): Cellular Phones
Mailing Address P.O. Box 79357	
City State ZIP Code City of Industry CA 91716-9357	

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

1) SUBTOTALS This Period This Page (optional).....	2869.30
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

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

FOR LINE NUMBER: (check only one)

9
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NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples	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	Transaction ID: D1083	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2008.51

B. 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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Target Mailing Services, Inc.	Nature of Debt (Purpose): Mailing Services
Mailing Address 1905 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

1) SUBTOTALS This Period This Page (optional).....	6773.51
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

(Use separate schedule(s) for each numbered line)	PAGE 87 / 87	
	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 Verizon California	Nature of Debt (Purpose): Phone
Mailing Address PO Box 9688	
City State ZIP Code Mission Hills CA 91346-9688	

Outstanding Balance Beginning This Period	Transaction ID: D101907	
229.61		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	229.61

1) SUBTOTALS This Period This Page (optional).....	229.61
2) TOTALS This Period (last page this line number only).....	110412.01
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)	