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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

MATHEWS FOR CONGRESS

ADDRESS (number and street) 555 South Flower Street #4510

Check if different than previously reported. (ADC)

Los Angeles CA 90071

2. FEC IDENTIFICATION NUMBER C00259374

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT
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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 03 05 2002 In the State of CA

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

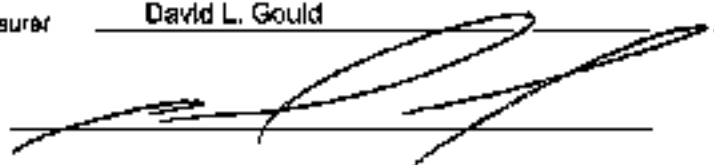
General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2002 through 02 13 2002

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  Date 02 19 2002

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

FEC Form 3 (Revised 1/2001)

Page 2

Write or Type Committee Name

MATHEWS FOR CONGRESS

Report Covering the Period:

From:

MM
01

DD
01

YYYYYY
2002

To:

MM
02

DD
13

YYYYYY
2002

	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)).....	6431.00	6431.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6431.00	6431.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	7110.17	7110.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7110.17	7110.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	840.25	
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).....	124140.92	

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 1/2001)

Page 3

Write or Type Committee Name
MATHEWS FOR CONGRESS

Report Covering the Period:

From:

MM DD YYYY
01 01 2002

To:

MM DD YYYY
02 13 2002

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	3000.00	
(i) Itemized (use Schedule A).....	3131.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions from Individuals..... ▶	6131.00	6631.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	300.00	300.00
	0.00	0.00
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	6431.00	6431.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	1000.00	1000.00
	0.00	0.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1000.00	1000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7431.00	7431.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 1/2001)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	7110.17	7110.17
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) ▶	7110.17	7110.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	519.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	7431.00
25. SUBTOTAL (add Line 23 and Line 24).....	7950.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7110.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	840.25

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<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

A. Full Name (Last, First, Middle Initial) Ramelu Arunachalam		Date of Receipt
Mailing Address P.O. Box 55 City Glendale		MM / DD / YYYY 02 / 07 / 2002
State Zip Code CA 91209		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Occupation Homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00
		Transaction ID: 11(a)(i)2208

B. Full Name (Last, First, Middle Initial) Rini Ghosh		Date of Receipt
Mailing Address 1801 Paseo Del Mar City Palos Verdes Estat		MM / DD / YYYY 01 / 28 / 2002
State Zip Code CA 90274		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Self Employed Occupation Business		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00
		Transaction ID: 11(a)(i)2198

C. Full Name (Last, First, Middle Initial) Dr. E.K. Kurukose		Date of Receipt
Mailing Address 30 The Pines City Old Westbury		MM / DD / YYYY 02 / 04 / 2002
State Zip Code NY 11568		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Self-Employed Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00
		Transaction ID: 11(a)(i)2203

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 41	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
12	13a	13b
<input type="checkbox"/> 11d	<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. Vasudov Mayak		Date of Receipt MM / DD / YYYY 02 / 12 / 2002	
Mailing Address 247 West 87 Street City New York		State Zip Code CA 10024	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer None		Occupation Homemaker	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
Transaction ID: 11(a)(i)2227			

Full Name (Last, First, Middle Initial) B. Rodolfo C. Nieme		Date of Receipt MM / DD / YYYY 01 / 29 / 2002	
Mailing Address 138 West 229th Place City Carson		State Zip Code CA 90745	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Engineering Plan Inc.		Occupation Engineer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
Transaction ID: 11(a)(i)2200			

Full Name (Last, First, Middle Initial) C. Huntington Pale Birds & Exotic Hosp.		Date of Receipt MM / DD / YYYY 02 / 11 / 2002	
Mailing Address 536 W. Huntington Dr. City Monrovia		State Zip Code CA 91018	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 0.00	
Attribution below Transaction ID: 11(a)(i)2221			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7/41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <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)
Huntington Pets Birds & Exotic Hosp.

Mailing Address
535 W. Huntington Dr.

City: Monrovia State: CA Zip Code: 91016

Date of Receipt: MM / DD / YYYY
02 / 11 / 2002

FEC ID number of contributing federal political committee: [] Amount of Each Receipt this Period: 500.00

Name of Employer: [] Occupation: []

Receipt For: Primary General Other (specify) []

Election Cycle-to-Date: [] Attribution below: 0.00

Transaction ID: 11(a)(l)2241

B. Full Name (Last, First, Middle Initial)
Dr. Syed M. Mohiuddin

Mailing Address
12531 Shamrock Road

City: Omaha State: NE Zip Code: 68154

Date of Receipt: MM / DD / YYYY
02 / 11 / 2002

FEC ID number of contributing federal political committee: [] Amount of Each Receipt this Period: 500.00

Name of Employer: Creighton University Occupation: Physician

Receipt For: Primary General Other (specify) []

Election Cycle-to-Date: [] Partnership attribution: 1000.00

Transaction ID: 11(a)(l)2221

(MEMO ITEM)

C. Full Name (Last, First, Middle Initial)
Dr. Syed M. Mohiuddin

Mailing Address
12531 Shamrock Road

City: Omaha State: NE Zip Code: 68154

Date of Receipt: MM / DD / YYYY
02 / 11 / 2002

FEC ID number of contributing federal political committee: [] Amount of Each Receipt this Period: 500.00

Name of Employer: Creighton University Occupation: Physician

Receipt For: Primary General Other (specify) []

Election Cycle-to-Date: [] Partnership attribution: 1000.00

Transaction ID: 11(a)(l)2241

(MEMO ITEM)

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 3000.00

**SCHEDULE A
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 41
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 AMALGAMATED TRANSIT UNION LOCAL 1589

Mailing Address
 1951 E. Spring Street

City State Zip Code
 Long Beach CA 90804-0736

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 MM / DD / YYYY
 02 / 07 / 2002

Amount of Each Receipt this Period
 75.00

Transaction ID: 11(c)2211

B. Full Name (Last, First, Middle Initial)
 AMALGAMATED TRANSIT UNION LOCAL 1589

Mailing Address
 1951 E. Spring Street

City State Zip Code
 Long Beach CA 90804-0736

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 MM / DD / YYYY
 02 / 07 / 2002

Amount of Each Receipt this Period
 225.00

Transaction ID: 11(c)2212

C.

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶ 300.00

**SCHEDULE A
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41			
	(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 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. E. Peter Mathews		Date of Receipt 03 / 10 / 2002
Mailing Address 3701 Vermont Street		Amount of Each Receipt this Period 1000.00
City Long Beach	State Zip Code CA 90814-2755	
FEC ID number of contributing federal political committee.		State Mail IRS Went to Campaign
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1532.36	Transaction ID: 13(a)2190

B.

C.

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 10/41

17 20a 18 20b 19a 20c 21

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NAME OF COMMITTEE (In Full)
MATHÉWS FOR CONGRESS

A. California Latino Voters' Guide

Full Name (Last, First, Middle Initial) _____

Mailing Address
930 Colorado Blvd., Bldg.2

City Los Angeles State CA Zip Code 90041

Purpose of Disbursement
Mass Mailing

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
02 / 13 / 2002

Amount of Each Disbursement this Period
500.00

Category/Type: 006

Transaction ID: B17920

B. Colby Poster Printing

Full Name (Last, First, Middle Initial) _____

Mailing Address
1332 West 12th Place

City Los Angeles State CA Zip Code 90015

Purpose of Disbursement
Yard Signs

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
02 / 08 / 2002

Amount of Each Disbursement this Period
612.93

Category/Type: 006

Transaction ID: B17918

C. Colby Poster Printing

Full Name (Last, First, Middle Initial) _____

Mailing Address
1332 West 12th Place

City Los Angeles State CA Zip Code 90015

Purpose of Disbursement
Yard Signs

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
02 / 04 / 2002

Amount of Each Disbursement this Period
500.00

Category/Type: 006

Transaction ID: B17911

SUBTOTAL of Receipts This Page (optional)	1612.93
TOTAL This Period (last page this line number only)	

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)
MATHEWS FOR CONGRESS

A. Colby Poster Printing Full Name (Last, First, Middle Initial) Mailing Address 1332 West 12th Place City Los Angeles State CA Zip Code 90015 Purpose of Disbursement Yard Signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ State: _____ District: _____		Date of Disbursement 01 / 29 / 2002 Amount of Each Disbursement this Period 500.00 Transaction ID: B17907
---	--	---

B. David L. Gould Company Full Name (Last, First, Middle Initial) Mailing Address 555 S. Flower, Suite 4510 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Political Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ State: _____ District: _____		Date of Disbursement 02 / 13 / 2002 Amount of Each Disbursement this Period 800.00 Transaction ID: B17924
---	--	---

G. INDEPENDENT VOTERS LEAGUE Full Name (Last, First, Middle Initial) Mailing Address 555 South Flower Street, Suite 4510 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Mailing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ State: _____ District: _____		Date of Disbursement 01 / 22 / 2002 Amount of Each Disbursement this Period 500.00 Transaction ID: B17893
---	--	---

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 41

17 20a 18 20b 19a 20c 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN F. KENNEDY ALLIANCE

Mailing Address
555 South Flower Street

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Mailing Candidate Name **006** Category/Type

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

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
01 / 22 / 2002

Amount of Each Disbursement this Period
1300.00

Transaction ID: B17894

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

Mailing Address
PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Phone Candidate Name **001** Category/Type

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

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
02 / 13 / 2002

Amount of Each Disbursement this Period
118.06

Transaction ID: B17919

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

Mailing Address
PO Box 30001

City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Phone Candidate Name **007** Category/Type

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

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
01 / 23 / 2002

Amount of Each Disbursement this Period
349.35

Transaction ID: B17896

SUBTOTAL of Receipts This Page (optional)	1765.41
TOTAL This Period (last page this line number only)	

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 41
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Verizon California

Full Name (Last, First, Middle Initial)

Mailing Address
PO Box 30001
City Inglewood State CA Zip Code 90313-0001

Purpose of Disbursement
Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2002

Amount of Each Disbursement this Period: 98.15

Transaction ID: B17895

Category/Type: 007

B. Voter Guide State Mail

Full Name (Last, First, Middle Initial)

Mailing Address
6285 East Spring Street, Suit202
City Long Beach State CA Zip Code 90800

Purpose of Disbursement
Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2002

Amount of Each Disbursement this Period: 250.00

Transaction ID: B17818

Category/Type: 006

C. Voter Guide State Mail

Full Name (Last, First, Middle Initial)

Mailing Address
6285 East Spring Street, Suit202
City Long Beach State CA Zip Code 90800

Purpose of Disbursement
Mailing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 750.00

Transaction ID: B17897

Category/Type: 001

SUBTOTAL of Receipts This Page (optional) ▶ 1086.15

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

**SCHEDULE B
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 41	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. Unitemized operating expenses This Period: 01/01/2002 - 02/13/2002

Mailing Address _____
City _____ State _____ Zip Code _____

Date of Disbursement _____
_____/_____/_____

Purpose of Disbursement
Unitemized expenses

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period
835.68

Category/Type
001

Transaction ID: B1702/13/2002

B.

C.

SUBTOTAL of Receipts This Page (optional)	835.68
TOTAL This Period (last page this line number only)	7110.17

SCHEDULE C

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 / 41
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 Vermont Street

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 12 09 1999	M M 9/ 20 12/002	0.00000 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID: C102030

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ **750.00**

TOTALS This Period (last page in this line only) ▶ []

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

SCHEDULE C

LOANS

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

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FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
 E. Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

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

TERMS

Date Incurred Date Due Interest Rate % (apr) Secured: Yes No

Transaction ID: C102071

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)

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

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

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

E. Peter Mathews

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

3701 Vermont Street

City Long Beach

State CA

ZIP Code

90814-2753

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

MM/YY
03/08

YYYY
2000

Date Due

MM/YY
8/20

YYYY
03/002

Interest Rate

0.00000

% (apr)

Secured:

Yes No

Transaction ID: C102095

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

150.00

TOTALS This Period (last page in this file 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

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

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

E. Peter Mathews

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

3701 Vermont Street

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

Date Due

Interest Rate

Secured:

MM
04

DD
07

YYYYYY
2009

MM
7

DD
20

YYYYYY
04/002

0.00000 % (apr)

Yes No

Transaction ID: C102098

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)

420.00

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 8, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

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

LOAN SOURCE Full Name (Last, First, Middle Initial)
 E. Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan: 1800.00
 Cumulative Payment To Date: 0.00
 Balance Outstanding at Close of This Period: 1800.00

TERMS

Date Incurred: M N 05 05 Y Y Y Y V V 1999 M M 4/ D D 20
 Date Due: Y Y Y Y V V 05/002
 Interest Rate: 0.00000 % (apr)
 Secured: Yes No

Transaction ID: C101903

Full Name (Last, First, Middle Initial) Name of Employer
 Mailing Address Occupation
 City State ZIP Code Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial) Name of Employer
 Mailing Address Occupation
 City State ZIP Code Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial) Name of Employer
 Mailing Address Occupation
 City State ZIP Code Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial) Name of Employer
 Mailing Address Occupation
 City State ZIP Code Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ 1800.00

TOTALS This Period (last page in this line only) ▶ []

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

**SCHEDULE C
LOANS**

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

PAGE 20 / 41

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (in Full)
MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 Vermont Street

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:
04/28/1989	04/20/2007	0.00000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Transaction ID: C101898

Full Name (Last, First, Middle Initial)	Name of Employer	Amount Guaranteed Outstanding:
Mailing Address	Occupation	
City State ZIP Code		
Full Name (Last, First, Middle Initial)	Name of Employer	Amount Guaranteed Outstanding:
Mailing Address	Occupation	
City State ZIP Code		
Full Name (Last, First, Middle Initial)	Name of Employer	Amount Guaranteed Outstanding:
Mailing Address	Occupation	
City State ZIP Code		
Full Name (Last, First, Middle Initial)	Name of Employer	Amount Guaranteed Outstanding:
Mailing Address	Occupation	
City State ZIP Code		

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
LOANS

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

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FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 Vermont Street

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	550.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YYYY 03 16 1989	MM DD YYYY 5 / 20 03 / 102	0.00000 % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transaction ID: C101891

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="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

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

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

E. Peter Mathews

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

3701 Vermont Street

City Long Beach

State CA

ZIP Code

90814-2758

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:

MM 02

DD 05

YYYYYY 1989

MM 5

DD 20

YYYYYY 02/002

0.00000 % (apr)

Yes No

Transaction ID: C101960

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
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

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

E. Peter Mathews

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

3701 Vermont Street

City Long Beach

State CA

ZIP Code

90814-2753

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

MM/YY
08/30

YYYYYY
1988

MM/YY
07/20

Date Due

MM/YY
06/30

YYYYYY
06/30

Interest Rate

0.00000

% (apr)

Secured:

Yes No

Transaction ID: C101248

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

150.00

TOTALS This Period (last page in this line only).....

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

SCHEDULE C

LOANS

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

FDR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

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

E. Peter Mathews

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

3701 Vermont Street

City Long Beach

State CA

ZIP Code

90814-2759

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:

05

30

1998

0/

20

06/302

0.00000

% (apr)

Yes No

Transaction ID: C101247

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶

240.00

TOTALS This Period (last page in this line only) ▶

[]

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

SCHEDULE C

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

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

E. Peter Mathews

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

3701 Vermont Street

City Long Beach

State CA

ZIP Code

90814-2753

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

05

28

1998

9/

20

Date Due

08/2002

Interest Rate

0.00000

% (apr)

Secured:

Yes No

Transaction ID: C101245

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

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

500.00

TOTALS This Period (last page in this line only).....

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

**SCHEDULE C
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

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews
Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 Vermont Street
City Long Beach State CA ZIP Code 90814-2753

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

TERMS
Date Incurred 05/15/1998 Date Due 05/20/02 Interest Rate 0.00000 % (apr) Secured: Yes No

Transaction ID: C1D1174

Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial) Name of Employer
Mailing Address Occupation
City State ZIP Code Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ 10000.00
TOTALS This Period (last page in this line only) ▶ []

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

SCHEDULE C

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

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

E. Peter Mathews

Election:

Primary

General

Other (specify) ▼

Mailing Address

3701 Vermont Street

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

Date Due

Interest Rate

Secured:

08

14

2000

4/

20

08/102

0.00000

% (apr)

Yes No

Transaction ID: C102100

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

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

208.70

TOTALS This Period (last page in this line only).....▶

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

**SCHEDULE C
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 28 / 41
 FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
 E. Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
 3701 Vermont Street
 City Long Beach State CA ZIP Code 90814-2753

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

TERMS
 Date Incurred 08/23/2000 Date Due 08/20/01 Interest Rate 0.00000 % (apr) Secured: Yes No

Transaction ID: C102101

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
LOANS

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

PAGE 29 / 41

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Palar Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 Vermont Street

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: MM/DD/YYYY 09/13/2000
Date Due: MM/DD/YYYY 8/20/09/102
Interest Rate: 0.00000 % (apr)
Secured: Yes No

Transaction ID: C102102

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) ▶ [] 73.66

TOTALS This Period (last page in this line only) ▶ []

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

SCHEDULE C

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

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

E. Peter Mathews

Election:

Primary
 General
 Other (specify) ▼

Mailing Address

3701 Vermont Street

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:

MM D1

DD 10

YYYYYY 2002

MM 01

DD 20

YYYYYY 01/109

0.00000 % (apr)

Yes No

Transaction ID: C102190

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).....▶

50142.38

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

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 8080

City State ZIP Code
Los Angeles CA 90088

Outstanding Balance Beginning This Period

Transaction ID: D101

380.72

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

380.72

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

Nature of Debt (Purpose):
Expenses

Mailing Address
2025 S. Holt Avenue #5

City State ZIP Code
Los Angeles CA 90034

Outstanding Balance Beginning This Period

Transaction ID: D10373

500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

500.00

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

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

Mailing Address
312 Broken Road

City State ZIP Code
Santa Clara CA 95050

Outstanding Balance Beginning This Period

Transaction ID: D10480

2086.32

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2086.32

1) SUBTOTALS This Period This Page (optional)

2967.04

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

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)

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

SCHEDULE D
DEBTS AND OBLIGATIONS
Excluding Loans

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
 6351 East Spring Street
 City State ZIP Code
 Long Beach CA 90808

Outstanding Balance Beginning This Period Transaction ID: D1024
 240.75
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 10.00 10.00 240.75

B Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Bank of America VISA
 Nature of Debt (Purpose):
 Mailing Address
 P.O. Box 53132
 City State ZIP Code
 Phoenix AZ 85072-3132

Outstanding Balance Beginning This Period Transaction ID: D102
 1984.34
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 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 Transaction ID: D1040
 400.00
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 400.00

1) SUBTOTALS This Period This Page (optional)	2625.08
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

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

8
 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

Transaction ID: D104

5000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

5000.00

B Full Name (Last, First, Middle Initial) of Debtor or Creditor
California Latino Voters' Guide

Nature of Debt (Purpose):
Mass Mailing

Mailing Address

930 Colorado Blvd., Bldg. 2

City State

ZIP Code

Los Angeles CA

90041

Outstanding Balance Beginning This Period

Transaction ID: D10820

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

2000.00

500.00

1500.00

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

Nature of Debt (Purpose):
Long distance phone charges

Mailing Address

2530 E. Lacadena Drive

City State

ZIP Code

Riverside CA

92507

Outstanding Balance Beginning This Period

Transaction ID: D105

2010.97

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

2010.97

1) SUBTOTALS This Period This Page (optional)

8510.97

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
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 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 413.78	Transaction ID: D106	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 413.78

B Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company		Nature of Debt (Purpose): Political reporting services, ADJUSTING
Mailing Address 555 S. Flower, Suite 4510 City State ZIP Code Los Angeles CA 90071		

Outstanding Balance Beginning This Period 10905.25	Transaction ID: D107	
Amount Incurred This Period 3000.00	Payment This Period 800.00	Outstanding Balance at Close of This Period 13105.25

C 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: D108	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 163.25

1) SUBTOTALS This Period This Page (optional)	13682.28
2) TOTALS This Period (last page this line number only)	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

8
 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, Expenses for
Mailing Address 3701 Vermont Street		
City State Long Beach CA	ZIP Code 90814-2753	

Outstanding Balance Beginning This Period 22160.67	Transaction ID: D1034	
Amount Incurred This Period 2500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 24660.67

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express		Nature of Debt (Purpose): Overnight mail delivery, Adjusting Entry
Mailing Address P.O. Box 1140		
City State Memphis TN	ZIP Code 38101-1140	

Outstanding Balance Beginning This Period 38.00	Transaction ID: D109	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 38.00

C Full Name (Last, First, Middle Initial) of Debtor or Creditor First U.S.A. VISA		Nature of Debt (Purpose):
Mailing Address P.O. Box 740085		
City State Atlanta GA	ZIP Code 30374	

Outstanding Balance Beginning This Period 1489.13	Transaction ID: D1010	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1489.13

1) SUBTOTALS This Period This Page (optional)	▶	25167.80
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
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
 Promex Photo Lab
 Nature of Debt (Purpose):
 Photos, Adjusting Entry, Photo developin

Mailing Address
 5277 East 2nd Street
 City State ZIP Code
 Long Beach CA 90803

Outstanding Balance Beginning This Period Transaction ID: D1023
 101.21
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 379.75 100.00 380.96

B Full Name (Last, First, Middle Initial) of Debtor or Creditor
 GTE California
 Nature of Debt (Purpose):
 Telephone Charges, Telephone Services P

Mailing Address
 Payment Processing Center
 City State ZIP Code
 Inglewood CA 90313

Outstanding Balance Beginning This Period Transaction ID: D1012
 5159.85
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 5159.85

C 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 Transaction ID: D1013
 258.00
 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 0.00 258.00

1) SUBTOTALS This Period This Page (optional) ▶ 5798.81
 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

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

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

Long Beach Press-Telegram

Nature of Debt (Purpose):

Subscription

Mailing Address

P. O. Box 93106

City State

Long Beach CA

ZIP Code

90809-3106

Outstanding Balance Beginning This Period

10.15

Transaction ID: D1D258

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10.15

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

MCI

Nature of Debt (Purpose):

Phone charges

Mailing Address

P.O. Box 85053

City State

Louisville KY

ZIP Code

40285

Outstanding Balance Beginning This Period

211.86

Transaction ID: D1D14

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

211.86

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

MWB Business Systems

Nature of Debt (Purpose):

Mailing Address

14397 Amargosa Road

City State

Victorville CA

ZIP Code

92392

Outstanding Balance Beginning This Period

333.54

Transaction ID: D1015

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

333.54

1) SUBTOTALS This Period This Page (optional)

555.55

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
DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

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

Outstanding Balance Beginning This Period 177.16	Transaction ID: D1016
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 177.16
Payment This Period 0.00	

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Mohammed Alqutbah		Nature of Debt (Purpose): Events
Mailing Address 9092 Ainsworth Lane		
City State La Palma CA	ZIP Code 90623	

Outstanding Balance Beginning This Period 534.81	Transaction ID: D10473
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 534.81
Payment This Period 0.00	

C 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 Norwalk CA	ZIP Code 90650	

Outstanding Balance Beginning This Period 1301.35	Transaction ID: D1017
Amount Incurred This Period 0.00	Outstanding Balance at Close of This Period 1301.35
Payment This Period 0.00	

1) SUBTOTALS This Period This Page (optional)	2013.32
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
DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes		Nature of Debt (Purpose):
Mailing Address P.O. Box 8539D		
City	State	ZIP Code
Louisville	KY	40285

Outstanding Balance Beginning This Period	Transaction ID: D1018	
7.83		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7.83

B Full Name (Last, First, Middle Initial) of Debtor or Creditor Preston Fletcher		Nature of Debt (Purpose): Consulting Services
Mailing Address 8824 Via Media Circle		
City	State	ZIP Code
Buena Park	CA	90620

Outstanding Balance Beginning This Period	Transaction ID: D10360	
1000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

C Full Name (Last, First, Middle Initial) of Debtor or Creditor Print Well		Nature of Debt (Purpose): Printing. To adjust for payment made
Mailing Address 30030 Mission Boulevard		
City	State	ZIP Code
Hayward	CA	94544

Outstanding Balance Beginning This Period	Transaction ID: D1019	
77.32		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	77.32

1) SUBTOTALS This Period This Page (optional)	1085.15
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
DEBTS AND OBLIGATIONS
Excluding Loans

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

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 FOR LINE NUMBER: (check only one)
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 10

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

A Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SAAB Travel & Tours
 Nature of Debt (Purpose):
 Travel Expenses

Mailing Address
 17194 Devonshire Street Suite #201
 City State ZIP Code
 Northridge CA 91325

Outstanding Balance Beginning This Period
 2278.00
 Transaction ID: D1045

Amount Incurred This Period
 0.00

Payment This Period
 0.00

Outstanding Balance at Close of This Period
 2278.00

B Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Southern CA Edison
 Nature of Debt (Purpose):
 Utilities, Utility Service

Mailing Address
 127 Elm Avenue
 City State ZIP Code
 Long Beach CA 90802

Outstanding Balance Beginning This Period
 259.49
 Transaction ID: D1020

Amount Incurred This Period
 0.00

Payment This Period
 0.00

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 79270
 City State ZIP Code
 City of Industry CA 91716-9270

Outstanding Balance Beginning This Period
 1029.07
 Transaction ID: D10384

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)	3508.56
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
DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

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
4800 Pacific Coast Highway
City State ZIP Code
Long Beach CA 90804

Outstanding Balance Beginning This Period
2008.51
Transaction ID: D1021

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: D1022

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: D10512

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)	73746.08
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)	

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>2/21/07</u>
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<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
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