

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Ehab Atalla for Congress

ADDRESS (number and street) 277 S. Brookhurst, Suite C-126
 Check if different than previously reported. (ACC) Anaheim CA 92804

2. **FEC IDENTIFICATION NUMBER** C C00555839 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CA 46

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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 Yolanda Miranda
Signature of Treasurer Yolanda Miranda *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 11 / 2014

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
Ehab Atalla for Congress

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

	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))....	5250.00	5250.00
(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)).....	5250.00	5250.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22979.06	22979.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	1190.00	1190.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21789.06	21789.06
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5460.94	
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).....	22500.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ehab Atalla for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5250.00	5250.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	5250.00	5250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5250.00	5250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	22500.00	22500.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	22500.00	22500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	1190.00	1190.00
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)..... ▶	28940.00	28940.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22979.06	22979.06
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	500.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23479.06	23479.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28940.00
25. SUBTOTAL (add Line 23 and Line 24).....	28940.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23479.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5460.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Ehab Atalla for Congress

A. Full Name (Last, First, Middle Initial)
Sherif A. Atalla

Mailing Address **PO Box 1423**

City **Hermosa Beach** State **CA** Zip Code **90254-1423**

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

Name of Employer **Sierra Network Inc.** Occupation **Cheif Operation Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : INCA4

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Sherif A. Atalla

Mailing Address **PO Box 1423**

City **Hermosa Beach** State **CA** Zip Code **90254-1423**

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

Name of Employer **Sierra Network Inc.** Occupation **Cheif Operation Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : INCA35

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
David Haddad

Mailing Address **17227 Quesan Place**

City **Encino** State **CA** Zip Code **91316-3935**

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

Name of Employer **Eheb Books and Media Publishing, Inc.** Occupation **Sales Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 01 / 2014

Transaction ID : INCA19

Amount of Each Receipt this Period
250.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

A. Full Name (Last, First, Middle Initial)
Jwana Khalaf

Mailing Address 10021 Highcliff Drive

City Santa Ana State CA Zip Code 92705

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

Name of Employer Sierra Network Inc. Occupation Sales Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 05 / 2014

Transaction ID : INCA11

Amount of Each Receipt this Period
 2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

A. Full Name (Last, First, Middle Initial)
Ehab A. Atalla

Mailing Address **PO Box 326**

City **Lawndale** State **CA** Zip Code **90260-0326**

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

Name of Employer **Minas Corporation** Occupation **Chief Financial Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		27		2014

Transaction ID : PAYA6

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
Ehab A. Atalla

Mailing Address **PO Box 326**

City **Lawndale** State **CA** Zip Code **90260-0326**

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

Name of Employer **Minas Corporation** Occupation **Chief Financial Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		18		2014

Transaction ID : PAYA10

Amount of Each Receipt this Period
7500.00

C. Full Name (Last, First, Middle Initial)
Ehab A. Atalla

Mailing Address **PO Box 326**

City **Lawndale** State **CA** Zip Code **90260-0326**

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

Name of Employer **Minas Corporation** Occupation **Chief Financial Officer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
22500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		02		2014

Transaction ID : PAYA21

Amount of Each Receipt this Period
5000.00

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

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

22500.00

22500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

A. Full Name (Last, First, Middle Initial)
Data Sys Technologies Group, Inc.

Mailing Address 26895 Alisio Creek Rd., #B670

City Aliso Viejo State CA Zip Code 92656

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2014

Transaction ID : INCA22

Amount of Each Receipt this Period
 1190.00

Website Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1190.00

1190.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. Rohnda Ammouri		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 2245 W. Broadway, N301		Amount of Each Disbursement this Period 2325.00
City Anaheim	State CA	
Zip Code 92804	Purpose of Disbursement Communication Consulting	Transaction ID : EXPB12
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Rohnda Ammouri		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2245 W. Broadway, N301		Amount of Each Disbursement this Period 2100.00
City Anaheim	State CA	
Zip Code 92804	Purpose of Disbursement Communication Consulting	Transaction ID : EXPB18
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rohnda Ammouri		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2014
Mailing Address 2245 W. Broadway, N301		Amount of Each Disbursement this Period 1350.00
City Anaheim	State CA	
Zip Code 92804	Purpose of Disbursement Communication Consulting	Transaction ID : EXPB32
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5775.00
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)	PAGE 10 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. Dina Cervantes		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 10949 Gothic Ave		Amount of Each Disbursement this Period 825.00 Transaction ID : EXPB28
City Granada Hills	State CA	
Zip Code 91344	Purpose of Disbursement Fundraiser Consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Data Sys Technologies Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 26895 Alisio Creek Rd., #B670		Amount of Each Disbursement this Period 1890.00 Transaction ID : EXPB13
City Aliso Viejo	State CA	
Zip Code 92656	Purpose of Disbursement Campaign Website Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. David Haddad		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 17227 Quesan Place		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB15
City Encino	State CA	
Zip Code 91316-3935	Purpose of Disbursement General campaign manager	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3215.00
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)	PAGE 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. David Haddad		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address 17227 Quesan Place		Amount of Each Disbursement this Period 3730.83
City Encino State CA Zip Code 91316-3935	Purpose of Disbursement Reimbursement for online subscription & data	
Candidate Name	Category/Type 001	Transaction ID : EXPB14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Political Data, Inc.		Date of Disbursement MM / DD / YYYY 02 / 03 / 2014
Mailing Address P.O. Box 59570		Amount of Each Disbursement this Period 3730.83
City Norwalk State CA Zip Code 90652	Purpose of Disbursement Online subscription	
Candidate Name	Category/Type 001	Transaction ID : EDTB1EXPB14 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. David Haddad		Date of Disbursement MM / DD / YYYY 02 / 15 / 2014
Mailing Address 17227 Quesan Place		Amount of Each Disbursement this Period 1000.00
City Encino State CA Zip Code 91316-3935	Purpose of Disbursement General campaign manager	
Candidate Name	Category/Type 001	Transaction ID : EXPB25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4730.83
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)	PAGE 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. David Haddad		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 17227 Quesan Place		Amount of Each Disbursement this Period 750.00 Transaction ID : EXPB31
City Encino State CA Zip Code 91316-3935	Purpose of Disbursement General campaign manager Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Haddad		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 17227 Quesan Place		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB30
City Encino State CA Zip Code 91316-3935	Purpose of Disbursement General campaign manager Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. David Haddad		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2014
Mailing Address 17227 Quesan Place		Amount of Each Disbursement this Period 250.00 Transaction ID : EXPB29
City Encino State CA Zip Code 91316-3935	Purpose of Disbursement General campaign manager Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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)	PAGE 13 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. Steven Hooley		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 727 Crest Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB33
City Orem	State UT	
Zip Code 84057	Purpose of Disbursement Website Development	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Steven Hooley		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 727 Crest Drive		Amount of Each Disbursement this Period 700.00 Transaction ID : EXPB27
City Orem	State UT	
Zip Code 84057	Purpose of Disbursement Website Development	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Steven Hooley		Date of Disbursement MM / DD / YYYY 03 / 21 / 2014
Mailing Address 727 Crest Drive		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB26
City Orem	State UT	
Zip Code 84057	Purpose of Disbursement Website Design	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2200.00
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)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

A. Registrar of Voters

Full Name (Last, First, Middle Initial)
Mailing Address 1300 S. Grand Ave., #C

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement Filing fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 2840.00

Transaction ID : EXPB24

Category/Type: 001

B. Secretary of State

Full Name (Last, First, Middle Initial)
Mailing Address 1500 11th Street, Room 495

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Filing fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 19 / 2014

Amount of Each Disbursement this Period: 1698.24

Transaction ID : EXPB34

Category/Type: 001

C. Yolanda Miranda and Associates

Full Name (Last, First, Middle Initial)
Mailing Address 728 W. Edna Place

City Covina State CA Zip Code 91722

Purpose of Disbursement Accounting and reporting services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 20 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : EXPB40

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 5038.24

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)		PAGE 15 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. Yolanda Miranda and Associates		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 728 W. Edna Place		Amount of Each Disbursement this Period 19.99
City Covina State CA Zip Code 91722	Purpose of Disbursement Overnight services	Transaction ID : EXPB38
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Yolanda Miranda and Associates		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 728 W. Edna Place		Amount of Each Disbursement this Period 500.00
City Covina State CA Zip Code 91722	Purpose of Disbursement Accounting and reporting services.	Transaction ID : EXPB23
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	519.99
TOTAL This Period (last page this line number only).....	22979.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ehab Atalla for Congress

Full Name (Last, First, Middle Initial) A. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 1401 21st Street, Suite 200		Amount of Each Disbursement this Period 500.00
City Sacramento State CA Zip Code 95811	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name California Democratic Party	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB36
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Ehab Atalla for Congress** Transaction ID : **PAYC6**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ehab A. Atalla	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 326	

City	State	ZIP Code
Lawndale	CA	90260-0326

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 01 / D 27 / Y 2014 Y	M M / D D / Y . None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	10000.00
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

NAME OF COMMITTEE (In Full) **Ehab Atalla for Congress** Transaction ID : **PAYC10**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ehab A. Atalla	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 326	

City	State	ZIP Code
Lawndale	CA	90260-0326

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 02 / D 18 / Y 2014 Y	M M / D D / Y . None Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	7500.00
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

NAME OF COMMITTEE (In Full) **Ehab Atalla for Congress** Transaction ID : **PAYC21**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ehab A. Atalla

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 326

City State ZIP Code
 Lawndale CA 90260-0326

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 03 / D 02 / Y 2014
 Date Due: M / D / Y . None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	5000.00
TOTALS This Period (last page in this line only).....	22500.00

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