1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Robin Chew for Congress 2014

ADDRESS (number and street)
904 Fallen Leaf Way

Check if different than previously reported. (ACC)
Emerald Hills CA 94062-3433

2. FEC IDENTIFICATION NUMBER ▼

C C00546978

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

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)

(b) 12-Day PRE-Election Report for the:
☐ Primary (12P)
☐ Convention (12C)
☐ Election on M ^ M / D ^ D / Y ^ Y ^ Y ^ Y
☐ in the State of
☐ General (12G)
☐ Special (12S)

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

5. Covering Period M ^ M / D ^ D / Y ^ Y ^ Y through M ^ M / D ^ D / Y ^ Y ^ Y

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 Mr. Thomas E Montgomery III

Signature of Treasurer Mr. Thomas E Montgomery III [Electronically Filed] Date M ^ M / D ^ D / Y ^ Y ^ Y

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

Report Covering the Period: From: 05/15/2014 To: 06/30/2014

<table>
<thead>
<tr>
<th><strong>COLUMN A</strong> This Period</th>
<th><strong>COLUMN B</strong> Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Total Contributions (other than loans) (from Line 11(e))</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Total Contribution Refunds (from Line 20(d))</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))</td>
<td>0.00</td>
</tr>
</tbody>
</table>

7. Net Operating Expenditures

<table>
<thead>
<tr>
<th><strong>COLUMN B</strong> Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Total Operating Expenditures (from Line 17)</td>
</tr>
<tr>
<td>(b) Total Offsets to Operating Expenditures (from Line 14)</td>
</tr>
<tr>
<td>(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))</td>
</tr>
</tbody>
</table>

8. Cash on Hand at Close of Reporting Period (from Line 27)

<table>
<thead>
<tr>
<th><strong>COLUMN B</strong> Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2566.67</td>
</tr>
</tbody>
</table>

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

<table>
<thead>
<tr>
<th><strong>COLUMN B</strong> Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

<table>
<thead>
<tr>
<th><strong>COLUMN B</strong> Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>11943.94</td>
</tr>
</tbody>
</table>

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100
**I. RECEIPTS**

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
<th>COLUMN C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total this Period</strong></td>
<td><strong>Election Cycle Total as of</strong></td>
<td><strong>Total for</strong></td>
</tr>
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</tr>
</tbody>
</table>

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other than Political Committees
   (i) Itemized (use Schedule A)
   (ii) Unitemized
   (iii) Total of contributions from individuals

(b) Political Party Committees

(c) Other Political Committees
### COLUMN A
**Total this Period**

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d) The Candidate</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### COLUMN B
**Election Cycle Total as of * *(date of general election) (See page 5 for date)***

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))</td>
<td>8873.00</td>
</tr>
</tbody>
</table>

### COLUMN C
**Total for * *(date after general election) through * *(last day of reporting period) (See page 5 for dates)***

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
</tr>
<tr>
<td>13. LOANS:</td>
<td></td>
</tr>
<tr>
<td>(a) Made or Guaranteed by the Candidate</td>
<td>11943.94</td>
</tr>
<tr>
<td>(b) All Other Loans</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) TOTAL LOANS (add Lines 13(a) and (b))</td>
<td>11943.94</td>
</tr>
<tr>
<td>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)</td>
<td>85.00</td>
</tr>
<tr>
<td>15. OTHER RECEIPTS (Dividends, Interest, etc.)</td>
<td>0.00</td>
</tr>
<tr>
<td>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</td>
<td>20901.94</td>
</tr>
</tbody>
</table>
II. DISBURSEMENTS

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
<th>COLUMN C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total this Period</strong></td>
<td><strong>Election Cycle Total as of</strong>&lt;br&gt; (date of general election)&lt;br&gt;(* See page 5 for date)</td>
<td><strong>Total for</strong>&lt;br&gt; (date after general election)&lt;br&gt;through&lt;br&gt;(last day of reporting period)&lt;br&gt;(* See page 5 for dates)</td>
</tr>
<tr>
<td>35.00</td>
<td>18320.27</td>
<td>15.00</td>
</tr>
</tbody>
</table>

17. OPERATING EXPENDITURES

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:
   (a) Of Loans Made or Guaranteed by the Candidate

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

   (b) Of All Other Loans

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

   (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

20. REFUNDS OF CONTRIBUTIONS TO:
   (a) Individuals/Persons Other Than Political Committees

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

   (b) Political Party Committees

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>COLUMN A</td>
<td>COLUMN B</td>
<td>COLUMN C</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Total this Period</strong></td>
<td><strong>Election Cycle Total as of</strong></td>
<td><strong>Total for</strong></td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td><em>(date of general election)</em></td>
<td><em>(date after general election)</em></td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

21. OTHER DISBURSEMENTS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>35.00</td>
<td>18320.27</td>
<td>15.00</td>
</tr>
</tbody>
</table>

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>8873.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>35.00</td>
<td>18235.27</td>
<td>15.00</td>
</tr>
</tbody>
</table>

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD

24. TOTAL RECEIPTS THIS PERIOD (from Line 16)

25. SUBTOTAL (add Line 23 and Line 24)

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)
## SCHEDULE C (FEC Form 3)
### LOANS

**NAME OF COMMITTEE (In Full)**
Robin Chew for Congress 2014

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td>[PERSONAL FUNDS]</td>
</tr>
</tbody>
</table>

**Mailing Address**
904 Fallen Leaf Way

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerald Hills</td>
<td>CA</td>
<td>94062-3433</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500.00</td>
<td>0.00</td>
<td>1500.00</td>
</tr>
</tbody>
</table>

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M M / D D / Y Y Y Y</td>
<td>M M / D D / Y Y Y Y</td>
<td>0.00% (apr)</td>
<td>X Yes</td>
</tr>
</tbody>
</table>

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

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - Amount Guaranteed Outstanding:

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - Amount Guaranteed Outstanding:

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - Amount Guaranteed Outstanding:

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Mailing Address
   - City | State | ZIP Code
   - Amount Guaranteed Outstanding:

**SUBTOTALS**
This Period This Page (optional) ................................................................. ➤ 1500.00

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

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

**Transaction ID**: SC/10.4102
**SCHEDULE C (FEC Form 3)**

**LOANS**

**NAME OF COMMITTEE (In Full)**
Robin Chew for Congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>904 Fallen Leaf Way</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerald Hills</td>
<td>CA</td>
<td>94062-3433</td>
</tr>
</tbody>
</table>

**Original Amount of Loan**
750.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
750.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/4/2014</td>
<td>6/4/2014</td>
<td>0.00 % (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

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

1. **Full Name (Last, First, Middle Initial)**
   Mr. Robin Leo Chew
   Mailing Address
   904 Fallen Leaf Way
   City State ZIP Code
   Emerald Hills CA 94062-3433

2. **Full Name (Last, First, Middle Initial)**
   Mr. Robin Leo Chew
   Mailing Address
   904 Fallen Leaf Way
   City State ZIP Code
   Emerald Hills CA 94062-3433

3. **Full Name (Last, First, Middle Initial)**
   Mr. Robin Leo Chew
   Mailing Address
   904 Fallen Leaf Way
   City State ZIP Code
   Emerald Hills CA 94062-3433

4. **Full Name (Last, First, Middle Initial)**
   Mr. Robin Leo Chew
   Mailing Address
   904 Fallen Leaf Way
   City State ZIP Code
   Emerald Hills CA 94062-3433

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

**TOTALS**
This Period (last page in this line only)..............................................
750.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
<table>
<thead>
<tr>
<th>Term</th>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>09/09/2013</td>
<td>6/4/2014</td>
<td>0.00 % (apr)</td>
<td>No</td>
<td>Mr. Robin Leo Chew</td>
<td></td>
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</tbody>
</table>

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

**TOTALS** This Period (last page in this line only) .......................................................... 750.00

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)**
Robin Chew for Congress 2014

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Mr. Robin Leo Chew

**Mailing Address**
904 Fallen Leaf Way

**City**  
Emerald Hills

**State**  
CA

**ZIP Code**  
94062-3433

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250.00</td>
<td>250.00</td>
</tr>
</tbody>
</table>

**TERMS**  
Date Incurred: 09/17/2013  
Date Due: 6/4/2014  
Interest Rate: 0.00% (apr)  
Secured: No

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

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

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

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

4. **Full Name (Last, First, Middle Initial)**  
   Name of Employer
   Mailing Address
   City:  
   State:  
   ZIP Code:  
   Occupation
   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 (FEC Form 3)**

**LOANS**

**NAME OF COMMITTEE (In Full)**
Robin Chew for Congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>904 Fallen Leaf Way</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Emerald Hills</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP Code</td>
<td>94062-3433</td>
</tr>
</tbody>
</table>

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

**TERMS**
Date Incurred: 10/15/2013
Date Due: 6/4/2014
Interest Rate: 0.00 % (apr)
Secured: No

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

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

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

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

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

**SUBTOTALS**
This Period This Page (optional) ................................................................. 250.00

**TOTALS**
This Period (last page in this line only) .......................................................... 250.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address
904 Fallen Leaf Way

City: Emerald Hills, State: CA, ZIP Code: 94062-3433

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

TERMS
Date Incurred: 10/15/2013
Date Due: 6/4/2014
Interest Rate: 0.00%
Secured: No

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

1. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City: , State: , ZIP Code: 

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City: , State: , ZIP Code: 

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City: , State: , ZIP Code: 

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City: , State: , ZIP Code: 

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.
## LOANS

**NAME OF COMMITTEE (In Full)**
Robin Chew for Congress 2014

**LOAN SOURCE**
Full Name (Last, First, Middle Initial)
Mr. Robin Leo Chew

**Mailing Address**
904 Fallen Leaf Way

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1500.00</td>
<td>0.00</td>
<td>1500.00</td>
</tr>
</tbody>
</table>

**TERMS**
Date Incurred: M M / D D / Y Y Y Y
Date Due: M M / D D / Y Y Y Y
Interest Rate: 0.00 % (apr)
Secured: Yes [X] No

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

1. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City State ZIP Code

2. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City State ZIP Code

3. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City State ZIP Code

4. **Full Name (Last, First, Middle Initial)**
   Name of Employer
   Mailing Address
   City State ZIP Code

**SUBTOTALS**
This Period This Page (optional) ......................................................... 1500.00

**TOTALS**
This Period (last page in this line only) ..........................................................
NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

LOAN SOURCE
Mr. Robin Leo Chew
Mailing Address
904 Fallen Leaf Way

Original Amount of Loan: 750.00
Cumulative Payment To Date: 0.00
Balance Outstanding at Close of This Period: 750.00

TERMS
Date Incurred: 6/1/2013
Date Due: 6/4/2014
Interest Rate: 0.00%
Secured: No

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

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Emerald Hills</td>
<td>CA</td>
<td>94062-3433</td>
</tr>
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SUBTOTALS
This Period This Page (optional) ................................................................. 750.00

TOTALS
This Period (last page in this line only) ....................................................... 750.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**  
Robin Chew for Congress 2014

**LOAN SOURCE**  
Mr. Robin Leo Chew

**Mailing Address**  
904 Fallen Leaf Way

**City**  
Emerald Hills

**State**  
CA

**ZIP Code**  
94062-3433

**Original Amount of Loan**  
500.00

**Cumulative Payment To Date**  
0.00

**Balance Outstanding at Close of This Period**  
500.00

**TERMS**  
Date Incurred  
12/10/2013  
Date Due  
6/4/2014

**Interest Rate**  
0.00% (apr)

**Secured:**

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

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
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</tr>
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2. **List All Endorsers or Guarantors (if any) to Loan Source**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
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<td>Mailing Address</td>
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<td></td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
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3. **List All Endorsers or Guarantors (if any) to Loan Source**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
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<tr>
<td>City</td>
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4. **List All Endorsers or Guarantors (if any) to Loan Source**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
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</thead>
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<td>Mailing Address</td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
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</tbody>
</table>

**SUBTOTALS**  
This Period This Page (optional) ................................................................. 500.00

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

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**Election:**  
2014  
[ ] Primary  
[ ] General  
[ ] Other (specify) ▼

---

**Notes:**  
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)**
Robin Chew for Congress 2014

**LOAN SOURCE**
Mr. Robin Leo Chew

**Mailing Address**
904 Fallen Leaf Way

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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<tbody>
<tr>
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<table>
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<th>Original Amount of Loan</th>
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<tbody>
<tr>
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**TERMS**

<table>
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<th>Secured:</th>
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<tr>
<td>12 / 19 / 2013</td>
<td>6 / 4 / 2014</td>
<td>0.00% (apr)</td>
<td>☒ No ☐</td>
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</table>

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

1. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

2. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

3. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code

**SUBTOTALS**
This Period This Page (optional) .......................................................... 1000.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

LOAN SOURCE  Full Name (Last, First, Middle Initial)  [PERSONAL FUNDS]  Election:
Mr. Robin Leo Chew  2014

Mailing Address
904 Fallen Leaf Way

City  State  ZIP Code
Emerald Hills  CA  94062-3433

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
</tr>
</thead>
<tbody>
<tr>
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TERMS

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<tr>
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<th>Interest Rate</th>
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<tr>
<td>M 01 / D 07 / Y 2014</td>
<td>M 01 / D 07 / Y 2014</td>
<td>0.00 % (apr)</td>
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</tbody>
</table>

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
   City  State  ZIP Code
   Amount Guaranteed Outstanding:

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

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

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

SUBTOTALS This Period This Page (optional)................................. 1000.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
## SCHEDULE C  (FEC Form 3)
### LOANS

**NAME OF COMMITTEE (In Full)**
Robin Chew for Congress 2014

**TRANSACTION ID**: SC/10.4192

<table>
<thead>
<tr>
<th>Loan Source</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**TERMS**

- **Date Incurred**: 6/4/2014
- **Date Due**: 6/4/2014
- **Interest Rate**: 0.00% (apr)
- **Balance Outstanding at Close of This Period**: 750.00

**SUBTOTALS**

- **This Period This Page (optional)**: 750.00

**TOTALS**

- **This Period (last page in this line only)**: 750.00

---

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td></td>
<td></td>
<td>Primary</td>
</tr>
</tbody>
</table>

**Mailing Address**
904 Fallen Leaf Way

**City**
Emerald Hills

**State**
CA

**ZIP Code**
94062-3433

**Original Amount of Loan**
250.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
250.00

**Terms**
- **Date Incurred**: 03/26/2014
- **Date Due**: 04/26/2014
- **Interest Rate**: 0.00 % (apr)
- **Secured**: ☑ Yes

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

1. **Full Name (Last, First, Middle Initial)**
   - **Name of Employer**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**

2. **Full Name (Last, First, Middle Initial)**
   - **Name of Employer**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**

3. **Full Name (Last, First, Middle Initial)**
   - **Name of Employer**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**

4. **Full Name (Last, First, Middle Initial)**
   - **Name of Employer**
   - **Mailing Address**
   - **City**
   - **State**
   - **ZIP Code**

**Subtotals**
This Period This Page (optional) ................................................................. 250.00

**Totals**
This Period (last page in this line only) ....................................................

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

<table>
<thead>
<tr>
<th>LOAN SOURCE</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>Original Amount of Loan</th>
<th>Cumulative Payment To Date</th>
<th>Balance Outstanding at Close of This Period</th>
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<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
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TERMS

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<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
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</thead>
<tbody>
<tr>
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<td>6/3/2014</td>
<td>0.00 % (apr)</td>
<td>No</td>
</tr>
</tbody>
</table>

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code

SUBTOTALS This Period This Page (optional) ................................................................. 900.96

TOTALS This Period (last page in this line only) .................................................................
## Schedule C (FEC Form 3)

### Loans

**NAME OF COMMITTEE (In Full)**
Robin Chew for Congress 2014

**Transaction ID**: SC/10.4245

**LOAN SOURCE**
Mr. Robin Leo Chew

**Mailing Address**
904 Fallen Leaf Way

**City**: Emerald Hills  
**State**: CA  
**ZIP Code**: 94062-3433

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

**Terms**

- **Date Incurred**: 6/3/2014
- **Date Due**: 6/3/2014
- **Interest Rate**: 0.00% (apr)
- **Secured**: No

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

1. **Full Name (Last, First, Middle Initial)**: Mr. Robin Leo Chew  
**Mailing Address**: 904 Fallen Leaf Way  
**City**: Emerald Hills  
**State**: CA  
**ZIP Code**: 94062-3433

2. **Full Name (Last, First, Middle Initial)**: Mr. Robin Leo Chew  
**Mailing Address**: 904 Fallen Leaf Way  
**City**: Emerald Hills  
**State**: CA  
**ZIP Code**: 94062-3433

3. **Full Name (Last, First, Middle Initial)**: Mr. Robin Leo Chew  
**Mailing Address**: 904 Fallen Leaf Way  
**City**: Emerald Hills  
**State**: CA  
**ZIP Code**: 94062-3433

4. **Full Name (Last, First, Middle Initial)**: Mr. Robin Leo Chew  
**Mailing Address**: 904 Fallen Leaf Way  
**City**: Emerald Hills  
**State**: CA  
**ZIP Code**: 94062-3433

**Election**: 2014  
- **Primary**
- **General**
- **Other (specify)**

**[PERSONAL FUNDS]**

**List all endorsers or guarantors (if any) to loan source.**

**SUBTOTALS**

- This Period: $250.00

**TOTALS**

- This Period: $250.00

*Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.*
NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

LOAN SOURCE  Full Name (Last, First, Middle Initial) [PERSONAL FUNDS]
Mr. Robin Leo Chew

Mailing Address
904 Fallen Leaf Way

City State ZIP Code
Emerald Hills CA 94062-3433

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

Date Incurred Date Due Interest Rate Secured:

TERMS

<table>
<thead>
<tr>
<th>M</th>
<th>M</th>
<th>D</th>
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<tbody>
<tr>
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<td>03</td>
<td>2014</td>
<td>05</td>
<td>06</td>
<td>2014</td>
<td>06</td>
<td>03</td>
<td>2014</td>
<td>03</td>
<td>06</td>
<td>2014</td>
</tr>
</tbody>
</table>

Interest Rate % (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
   City State ZIP Code

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City State ZIP Code

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City State ZIP Code

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   City State ZIP Code

SUBTOTALS This Period This Page (optional)................................................................. ➤ 250.00

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.
## SCHEDULE C (FEC Form 3)

**LOANS**

NAME OF COMMITTEE (In Full):
Robin Chew for Congress 2014

**LOAN SOURCE**
Mr. Robin Leo Chew

**Mailing Address**
904 Fallen Leaf Way

**City**
Emerald Hills

**State**
CA

**ZIP Code**
94062-3433

**Original Amount of Loan**
792.98

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
792.98

**Date Incurred**
6/3/2014

**Date Due**
6/3/2014

**Interest Rate**
0.00%

**Secured:**
No

**TERMS**

<table>
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<th>D D</th>
<th>Y Y</th>
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<td>2014</td>
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<td>2014</td>
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**Election:**
2014

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

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

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

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

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

### SUBTOTALS

This Period This Page (optional): 792.98

### TOTALS

This Period (last page in this line only): 11943.94

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