## FEC FORM 3

**REPORT OF RECEIPTS AND DISBURSEMENTS**

*For An Authorized Committee*

### 1. NAME OF COMMITTEE (in full)

**Robin Chew for Congress 2014**

### 2. ADDRESS (number and street)

- **904 Fallen Leaf Way**
- **Emerald Hills, CA 94062-3433**

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

- **N**

### 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)
- **General (12G)**
- Runoff (12R)

#### (c) 30-Day POST-Election Report for the:
- General (30G)
- **Runoff (30R)**
- Special (30S)

### 5. Covering Period

*Electronically Filed*

**M M / D D / Y Y Y Y**

**M M / D D / Y Y Y Y**

**M M / D D / Y 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 Y**

**M M / D D / Y Y Y Y**

**M M / D D / Y 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.

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**10/06/2014 22:34**

**PAGE 1 / 28**

**FE5AN018**

**FEC FORM 3**

(Revised 02/2003)
### SUMMARY PAGE
of Receipts and Disbursements

**Write or Type Committee Name**
Robin Chew for Congress 2014

<table>
<thead>
<tr>
<th>Report Covering the Period: From: M M / D D / Y Y Y Y</th>
<th>To: M M / D D / Y Y Y Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>07 / 01 / 2014</td>
<td>09 / 30 / 2014</td>
</tr>
</tbody>
</table>

6. **Net Contributions (other than loans)**

   (a) **Total Contributions**
   
   (other than loans) (from Line 11(e)) ....
   
<table>
<thead>
<tr>
<th>COLUMN A This Period</th>
<th>COLUMN B Election Cycle-to-Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2600.00</td>
</tr>
</tbody>
</table>

   (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)).....
   
   |                      |                                 |
   |                      | 2600.00                         | 11473.00                        |

7. **Net Operating Expenditures**

   (a) **Total Operating Expenditures**
   
   (from Line 17) ..............................
   
   |                      |                                 |
   |                      | 6289.15                         | 24624.42                        |

   (b) **Total Offsets to Operating Expenditures**
   
   (from Line 14) .............................
   
   |                      |                                 |
   |                      | 0.00                            | 85.00                           |

   (c) **Net Operating Expenditures**
   
   (subtract Line 7(b) from Line 7(a)).....
   
   |                      |                                 |
   |                      | 6289.15                         | 24539.42                        |

8. **Cash on Hand at Close of Reporting Period**

   (from Line 27) .............................
   
   |                      |                                 |
   |                      | 270.53                          |

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) ..........................
    
    |                      |                                 |
    |                      | 13286.95                        |

---

**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

11. CONTRIBUTIONS (other than loans) FROM:

<table>
<thead>
<tr>
<th>(a) Individuals/Persons Other Than Political Committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Itemized (use Schedule A) ..........................</td>
</tr>
<tr>
<td>(ii) Unitemized ........................................</td>
</tr>
<tr>
<td>(iii) TOTAL of contributions from individuals ..........</td>
</tr>
<tr>
<td>2600.00</td>
</tr>
</tbody>
</table>

| (b) Political Party Committees .......................... |
| (c) Other Political Committees (such as PACs) .......... |
| 0.00 | 0.00 |

| (d) The Candidate ........................................ |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) |
| 2600.00 | 11473.00 |

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .......... 0.00 0.00

13. LOANS:

| (a) Made or Guaranteed by the Candidate .................. |
| 1343.01 | 13286.95 |

| (b) All Other Loans ...................................... |
| 0.00 | 0.00 |

| (c) TOTAL LOANS (add Lines 13(a) and (b)) ............. |
| 1343.01 | 13286.95 |

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) 0.00 85.00

15. OTHER RECEIPTS (Dividends, Interest, etc.) .......... 50.00 50.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .......... 3993.01 24894.95
### II. DISBURSEMENTS

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total This Period</strong></td>
<td><strong>Election Cycle-to-Date</strong></td>
</tr>
<tr>
<td>OPERATING EXPENDITURES</td>
<td>6289.15</td>
</tr>
<tr>
<td>TRANSFERS TO OTHER AUTHORIZED COMMITTEES</td>
<td>0.00</td>
</tr>
<tr>
<td>LOAN REPAYMENTS:</td>
<td></td>
</tr>
<tr>
<td>(a) Of Loans Made or Guaranteed by the Candidate</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Of All Other Loans</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))</td>
<td>0.00</td>
</tr>
<tr>
<td>REFUNDS OF CONTRIBUTIONS TO:</td>
<td></td>
</tr>
<tr>
<td>(a) Individuals/Persons Other Than Political Committees</td>
<td>0.00</td>
</tr>
<tr>
<td>(b) Political Party Committees</td>
<td>0.00</td>
</tr>
<tr>
<td>(c) Other Political Committees (such as PACs)</td>
<td>0.00</td>
</tr>
<tr>
<td>(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))</td>
<td>0.00</td>
</tr>
<tr>
<td>OTHER DISBURSEMENTS</td>
<td>0.00</td>
</tr>
<tr>
<td>TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)</td>
<td>6289.15</td>
</tr>
</tbody>
</table>

### III. CASH SUMMARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH ON HAND AT BEGINNING OF REPORTING PERIOD</td>
<td>2566.67</td>
</tr>
<tr>
<td>TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)</td>
<td>3993.01</td>
</tr>
<tr>
<td>SUBTOTAL (add Line 23 and Line 24)</td>
<td>6559.68</td>
</tr>
<tr>
<td>TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</td>
<td>6289.15</td>
</tr>
<tr>
<td>CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)</td>
<td>270.53</td>
</tr>
</tbody>
</table>
### NAME OF COMMITTEE (In Full)
Robin Chew for Congress 2014

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>FEC ID number of contributing federal political committee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Charles T Munger Jr.</td>
<td>M M / D D / Y Y Y Y</td>
<td>C</td>
</tr>
</tbody>
</table>

**Receipt For:** 2014 | Election Cycle-to-Date | Total
Primary: | | | 5200.00
General: | | |  |
Other (specify): | | |  |

| Mailing Address | | |
|-----------------| | 1423 Hamilton Ave |
| City            | State | Zip Code |  | CA | 94301 |

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

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>FEC ID number of contributing federal political committee.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M M / D D / Y Y Y Y</td>
<td>C</td>
</tr>
</tbody>
</table>

**Receipt For:** 2014 | Election Cycle-to-Date | Total
Primary: | | |  |
General: | | | | | 2600.00
Other (specify): | | |  |

| Mailing Address | | |
|-----------------| |  |
| City            | State | Zip Code |  |  |  |

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

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Receipt</th>
<th>FEC ID number of contributing federal political committee.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M M / D D / Y Y Y Y</td>
<td>C</td>
</tr>
</tbody>
</table>

**Receipt For:** 2014 | Election Cycle-to-Date | Total
Primary: | | |  |
General: | | | | | 2600.00
Other (specify): | | |  |

| Mailing Address | | |
|-----------------| |  |
| City            | State | Zip Code |  |  |  |

### SUBTOTAL of Receipts This Page (optional)

| | | 2600.00 |

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

| | | 2600.00 |

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FEC Schedule A (Form 3) (Revised 02/2009)
### SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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.

<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Robin Chew for Congress 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name (Last, First, Middle Initial)</td>
<td>Mr. Robin Leo Chew</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>904 Fallen Leaf Way</td>
</tr>
<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>
<tr>
<td>FEC ID number of contributing federal political committee.</td>
<td>H4CA18060</td>
</tr>
<tr>
<td>Name of Employer</td>
<td>ProU.net</td>
</tr>
<tr>
<td>Occupation</td>
<td>Co-Owner</td>
</tr>
<tr>
<td>Receipt For: 2014</td>
<td>General Election Cycle-to-Date</td>
</tr>
<tr>
<td>Date of Receipt</td>
<td>09/25/2014</td>
</tr>
<tr>
<td>Transaction ID:</td>
<td>SA13A.4279</td>
</tr>
<tr>
<td>Amount of Each Receipt this Period</td>
<td>250.00</td>
</tr>
<tr>
<td>Loan from candidate</td>
<td></td>
</tr>
</tbody>
</table>

| 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 |
| FEC ID number of contributing federal political committee. | H4CA18060 |
| Name of Employer | ProU.net |
| Occupation | Co-Owner |
| Receipt For: 2014 | General Election Cycle-to-Date |
| Date of Receipt | 09/29/2014 |
| Transaction ID: | SA13A.4282 |
| Amount of Each Receipt this Period | 1093.01 |
| Loan from candidate | |

| Full Name (Last, First, Middle Initial) | |
| Mailing Address | |
| City | |
| State | |
| Zip Code | |
| FEC ID number of contributing federal political committee. | |
| Name of Employer | |
| Occupation | |
| Receipt For: | General Election Cycle-to-Date |
| Date of Receipt | |
| Amount of Each Receipt this Period | 1343.01 |

| SUBTOTAL of Receipts This Page (optional) | 1343.01 |
| TOTAL This Period (last page this line number only) | 1343.01 |
### SCHEDULE B (FEC Form 3)

#### ITEMIZED DISBURSEMENTS

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<table>
<thead>
<tr>
<th>NAME OF COMMITTEE (In Full)</th>
<th>Robin Chew for Congress 2014</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>A. Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1601 Willow Rd.</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>CA</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td>Web Advertising</td>
</tr>
<tr>
<td>Candidate Name</td>
<td>Robin Chew for Congress 2014</td>
</tr>
<tr>
<td>Office Sought</td>
<td>Disbursement For:</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
</tbody>
</table>

| Date of Disbursement                  | 07 01 2014 |
| Amount of Each Disbursement this Period | 237.71 |
| Transaction ID                         | SB17.4285 |

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>B. Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1601 Willow Rd.</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>CA</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td>Web Advertising</td>
</tr>
<tr>
<td>Candidate Name</td>
<td>Robin Chew for Congress 2014</td>
</tr>
<tr>
<td>Office Sought</td>
<td>Disbursement For:</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
</tbody>
</table>

| Date of Disbursement                  | 08 01 2014 |
| Amount of Each Disbursement this Period | 237.71 |
| Transaction ID                         | SB17.4286 |

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>C. Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>1601 Willow Rd.</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Menlo Park</td>
<td>CA</td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td>Web Advertising</td>
</tr>
<tr>
<td>Candidate Name</td>
<td>Robin Chew for Congress 2014</td>
</tr>
<tr>
<td>Office Sought</td>
<td>Disbursement For:</td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>District</td>
<td></td>
</tr>
</tbody>
</table>

| Date of Disbursement                  | 09 01 2014 |
| Amount of Each Disbursement this Period | 237.71 |
| Transaction ID                         | SB17.4287 |

**SUBTOTAL** of Disbursements This Page (optional): 713.13

**TOTAL** This Period (last page this line number only):
### SCHEDULE B (FEC Form 3)
**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**

Robin Chew for Congress 2014

Full Name (Last, First, Middle Initial)

<table>
<thead>
<tr>
<th>A. Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
</tr>
<tr>
<td><strong>Purpose of Disbursement</strong></td>
</tr>
<tr>
<td><strong>Candidate Name</strong></td>
</tr>
<tr>
<td><strong>Office Sought:</strong></td>
</tr>
<tr>
<td><strong>Disbursement For:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>District:</strong></td>
</tr>
</tbody>
</table>

**Date of Disbursement**

M M / D D / Y Y Y Y

09 / 29 / 2014

**Amount of Each Disbursement this Period**

241.55

**Transaction ID**: SB17.4283

<table>
<thead>
<tr>
<th>B. Nationbuilder</th>
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<tbody>
<tr>
<td><strong>Mailing Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
</tr>
<tr>
<td><strong>Purpose of Disbursement</strong></td>
</tr>
<tr>
<td><strong>Candidate Name</strong></td>
</tr>
<tr>
<td><strong>Office Sought:</strong></td>
</tr>
<tr>
<td><strong>Disbursement For:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>District:</strong></td>
</tr>
</tbody>
</table>

**Date of Disbursement**

M M / D D / Y Y Y Y

09 / 01 / 2014

**Amount of Each Disbursement this Period**

46.11

**Transaction ID**: SB17.4290

<table>
<thead>
<tr>
<th>C. Political Visions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing Address</strong></td>
</tr>
<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>State</strong></td>
</tr>
<tr>
<td><strong>Zip Code</strong></td>
</tr>
<tr>
<td><strong>Purpose of Disbursement</strong></td>
</tr>
<tr>
<td><strong>Candidate Name</strong></td>
</tr>
<tr>
<td><strong>Office Sought:</strong></td>
</tr>
<tr>
<td><strong>Disbursement For:</strong></td>
</tr>
<tr>
<td><strong>State:</strong></td>
</tr>
<tr>
<td><strong>District:</strong></td>
</tr>
</tbody>
</table>

**Date of Disbursement**

M M / D D / Y Y Y Y

09 / 15 / 2014

**Amount of Each Disbursement this Period**

300.00

**Transaction ID**: SB17.4276

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**SUBTOTAL** of Disbursements This Page (optional) ................................................................. 587.66

**TOTAL** This Period (last page this line number only) .................................................................
### SCHEDULE B (FEC Form 3)
#### ITEMIZED DISBURSEMENTS

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**NAME OF COMMITTEE (In Full)**

Robin Chew for Congress 2014

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Date of Disbursement</th>
<th>Amount of Each Disbursement this Period</th>
<th>Transaction ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. San Francisco Elections Department</td>
<td></td>
<td></td>
<td>SB17.4273</td>
</tr>
<tr>
<td>Mailing Address 1 Dr. Carlton B Goodlett Place #48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City San Francisco State CA Zip Code 94102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement: Ballot Statement Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name: Robin Chew for Congress 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014 General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: CA District: 14</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Disbursement: M M / D D / Y Y Y Y 08 / 08 / 2014</td>
<td>Amount of Each Disbursement this Period:</td>
<td>296.00</td>
<td></td>
</tr>
<tr>
<td>B. San Mateo County Registrar of Voters</td>
<td></td>
<td></td>
<td>SB17.4272</td>
</tr>
<tr>
<td>Mailing Address 40 Tower Rd.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City San Mateo State CA Zip Code 94402</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement: Ballot Statement Fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name: Robin Chew for Congress 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014 General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: CA District: 14</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Disbursement: M M / D D / Y Y Y Y 08 / 08 / 2014</td>
<td>Amount of Each Disbursement this Period:</td>
<td>4538.39</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Purpose of Disbursement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Sought: House</td>
<td>Disbursement For: 2014 General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: District:</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Disbursement: M M / D D / Y Y Y Y</td>
<td>Amount of Each Disbursement this Period:</td>
<td>4834.39</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL of Disbursements This Page (optional):**

**TOTAL This Period (last page this line number only):**

Robin Chew for Congress 2014

**Full Name (Last, First, Middle Initial)**

Mailing Address 1 Dr. Carlton B Goodlett Place #48

City San Francisco State CA Zip Code 94102

Purpose of Disbursement: Ballot Statement Fee

Candidate Name: Robin Chew for Congress 2014

Office Sought: House

State: CA District: 14

Date of Disbursement: M M / D D / Y Y Y Y 08 / 08 / 2014

Amount of Each Disbursement this Period: 296.00

Transaction ID: SB17.4273

Robin Chew for Congress 2014

Mailing Address 40 Tower Rd.

City San Mateo State CA Zip Code 94402

Purpose of Disbursement: Ballot Statement Fee

Candidate Name: Robin Chew for Congress 2014

Office Sought: House

State: CA District: 14

Date of Disbursement: M M / D D / Y Y Y Y 08 / 08 / 2014

Amount of Each Disbursement this Period: 4538.39

Transaction ID: SB17.4272

Robin Chew for Congress 2014

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House

State: District:

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period: 4834.39

Transaction ID: SB17.4273
### SCHEDULE C (FEC Form 3)
#### LOANS

**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

<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**  1500.00

**Cumulative Payment To Date**  0.00

**Balance Outstanding at Close of This Period**  1500.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/16/2013</td>
<td>6/3/2014</td>
<td>0.00 (apr)</td>
</tr>
</tbody>
</table>

**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: 1500.00
- This Page (optional): 1500.00

**TOTALS**
- This Period (last page in this line only): 1500.00

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>13b</th>
<th>13a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td></td>
<td>2014</td>
<td>% (apr)</td>
<td>Secured:</td>
</tr>
</tbody>
</table>

**Mailing Address**
904 Fallen Leaf Way

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

**Original Amount of Loan**: $750.00

**Cumulative Payment To Date**: $0.00

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

**TERMS**

- **Date Incurred**: 08/22/2013
- **Date Due**: 6/4/2014
- **Interest Rate**: 0.00%
- **Secured**: No

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

1. **Name of Employer**

   - **Mailing Address**: 904 Fallen Leaf Way
   - **City**: Emerald Hills
   - **State**: CA
   - **ZIP Code**: 94062-3433

2. **Name of Employer**

   - **Mailing Address**: 904 Fallen Leaf Way
   - **City**: Emerald Hills
   - **State**: CA
   - **ZIP Code**: 94062-3433

3. **Name of Employer**

   - **Mailing Address**: 904 Fallen Leaf Way
   - **City**: Emerald Hills
   - **State**: CA
   - **ZIP Code**: 94062-3433

4. **Name of Employer**

   - **Mailing Address**: 904 Fallen Leaf Way
   - **City**: Emerald Hills
   - **State**: CA
   - **ZIP Code**: 94062-3433

**SUBTOTALS**

- This Period: $750.00
- 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** 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

**Original Amount of Loan**
750.00

**Cumulative Payment To Date**
0.00

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

**TERMS**

- **Date Incurred:** 6/4/2014
- **Date Due:** 12/2014
- **Interest Rate:** 0.00 % (apr)

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

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

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

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

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

**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.
**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
250.00  0.00  250.00

TERMS
Date Incurred  Date Due  Interest Rate  Secured:

<table>
<thead>
<tr>
<th>M</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
<th>M</th>
<th>M</th>
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<th>D</th>
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<th>M</th>
<th>M</th>
<th>D</th>
<th>D</th>
<th>Y</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>17</td>
<td>2013</td>
<td>6</td>
<td>4</td>
<td>2014</td>
<td>0.00</td>
<td>% (apr)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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

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**
250.00

**Cumulative Payment To Date**
0.00

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

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/2013</td>
<td>6/4/2014</td>
<td>0.00% (apr)</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

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

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

**Transaction ID**: SC/10.4156

---

**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)  
Mr. Robin Leo Chew

<table>
<thead>
<tr>
<th>Loan Source</th>
<th>Full Name (Last, First, Middle Initial)</th>
<th>Occupation</th>
<th>Amount Guaranteed Outstanding:</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>904 Fallen Leaf Way</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Original Amount of Loan</td>
<td>Cumulative Payment To Date</td>
<td>Balance Outstanding at Close of This Period</td>
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<tr>
<td>500.00</td>
<td>0.00</td>
<td>500.00</td>
<td></td>
</tr>
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**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)  
Mailing Address  
City | State | ZIP Code |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>CA</td>
<td>94062-3433</td>
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**SUBTOTALS** This Period This Page (optional).....................................................  
500.00

**TOTALS** This Period (last page in this line only) ..................................................  
500.00

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
Mr. Robin Leo Chew

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
<th>Election:</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td></td>
<td>Primary</td>
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<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
<th>Secured:</th>
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<tbody>
<tr>
<td>904 Fallen Leaf Way</td>
<td></td>
<td>M 11 / D 05 / Y 2013</td>
<td>M 1 / D 04 / Y 2014</td>
<td>0.00 % (apr)</td>
<td>☑️ No</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>
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</thead>
<tbody>
<tr>
<td>1500.00</td>
<td>0.00</td>
<td>1500.00</td>
</tr>
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</table>

### TERMS

- **Date Incurred**: M 11 / D 05 / Y 2013
- **Date Due**: M 1 / D 04 / Y 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: Emerald Hills
   - State: CA
   - ZIP Code: 94062-3433

2. **Full Name (Last, First, Middle Initial)**: 
   - Name of Employer: 
   - Mailing Address: 
   - City: Emerald Hills
   - State: CA
   - ZIP Code: 94062-3433

3. **Full Name (Last, First, Middle Initial)**: 
   - Name of Employer: 
   - Mailing Address: 
   - City: Emerald Hills
   - State: CA
   - ZIP Code: 94062-3433

4. **Full Name (Last, First, Middle Initial)**: 
   - Name of Employer: 
   - Mailing Address: 
   - City: Emerald Hills
   - State: CA
   - ZIP Code: 94062-3433

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

### 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

**Loan Source:**

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

**Original Amount of Loan:** 750.00

**Cumulative Payment To Date:** 0.00

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

**Terms:**

- **Date Incurred:** 6/4/2014
- **Date Due:** 6/4/2014
- **Interest Rate:** 0.00%

**Secured:** Yes

**Endorsers or Guarantors:**

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

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

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

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

**LOANS**

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

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

- **[PERSONAL FUNDS]**
- **Election:** 2014
  - [ ] Primary
  - [x] General
  - [ ] Other (specify)

**FULL NAME:** 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**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>M / D / Y</td>
<td>M / D / Y</td>
<td>% (apr)</td>
</tr>
<tr>
<td>12 / 10 / 2013</td>
<td>6 / 4 / 2014</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Secured:**

- [ ] Yes
- [x] No

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

1. **FULL NAME (Last, First, Middle Initial):**
   - [ ] Name of Employer
   - [ ] Occupation
   - **Mailing Address**
     - 904 Fallen Leaf Way
   - **City**
     - Emerald Hills
   - **State**
     - CA
   - **ZIP Code**
     - 94062-3433
   - **Guaranteed Outstanding:**

2. **FULL NAME (Last, First, Middle Initial):**
   - [ ] Name of Employer
   - [ ] Occupation
   - **Mailing Address**
     - 904 Fallen Leaf Way
   - **City**
     - Emerald Hills
   - **State**
     - CA
   - **ZIP Code**
     - 94062-3433
   - **Guaranteed Outstanding:**

3. **FULL NAME (Last, First, Middle Initial):**
   - [ ] Name of Employer
   - [ ] Occupation
   - **Mailing Address**
     - 904 Fallen Leaf Way
   - **City**
     - Emerald Hills
   - **State**
     - CA
   - **ZIP Code**
     - 94062-3433
   - **Guaranteed Outstanding:**

4. **FULL NAME (Last, First, Middle Initial):**
   - [ ] Name of Employer
   - [ ] Occupation
   - **Mailing Address**
     - 904 Fallen Leaf Way
   - **City**
     - Emerald Hills
   - **State**
     - CA
   - **ZIP Code**
     - 94062-3433
   - **Guaranteed Outstanding:**

**SUBTOTALS**

- This Period: 500.00
- This Page (optional): 500.00

**TOTALS**

- This Period (last page in this line only): 500.00

---

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

**NAME OF COMMITTEE (In Full)**

**LOAN SOURCE**

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial)</th>
<th>[PERSONAL FUNDS]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</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**
1000.00

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
1000.00

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
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</thead>
<tbody>
<tr>
<td>12 / 19 / 2013</td>
<td>6 / 4 / 2014</td>
<td>0.00% (apr)</td>
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</table>

**Secured:**
No

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

<table>
<thead>
<tr>
<th>1. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
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<tr>
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<td>State</td>
</tr>
<tr>
<td>Emerald Hills</td>
<td>CA</td>
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</table>

<table>
<thead>
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<th>2. Full Name (Last, First, Middle Initial)</th>
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<tr>
<td>City</td>
<td>State</td>
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<table>
<thead>
<tr>
<th>3. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
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<td>Mailing Address</td>
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<td>City</td>
<td>State</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Full Name (Last, First, Middle Initial)</th>
<th>Name of Employer</th>
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<tbody>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**Election:**
2014

**Primary**
Yes

**General**
No

**Other (specify)**

**Original Amount of Loan**

<table>
<thead>
<tr>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Date Incurred**

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
</tr>
</tbody>
</table>

**Cumulative Payment To Date**

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>

**Balance Outstanding at Close of This Period**

<table>
<thead>
<tr>
<th>Original Amount of Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Amount Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
</tr>
</tbody>
</table>

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)  
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>1000.00</td>
<td>0.00</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

**TERMS**

- **Date Incurred**
  5/24/2014
- **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

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

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

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

**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

**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>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>06/02/2014</td>
<td>06/16/2014</td>
<td>0.00% (apr)</td>
</tr>
</tbody>
</table>

**Secured:**
No

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

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

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

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

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

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

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

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

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

Date Incurred: 6/4/2014
Date Due: 6/4/2014

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

TERMS
Secured: Yes

Amount Guaranteed Outstanding: $250.00

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

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

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

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

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

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

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

**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**
900.96

**Cumulative Payment To Date**
0.00

**Balance Outstanding at Close of This Period**
900.96

**TERMS**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/31/2014</td>
<td>06/30/2014</td>
<td>0.00% (apr)</td>
</tr>
</tbody>
</table>

**Secured:**
No

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

1. **Full Name (Last, First, Middle Initial):**
Mr. Robin Leo Chew

   **Occupation:**
   
   **Mailing Address:**
   904 Fallen Leaf Way

   **City:**
   Emerald Hills

   **State:**
   CA

   **ZIP Code:**
   94062-3433

2. **Full Name (Last, First, Middle Initial):**

   **Occupation:**
   
   **Mailing Address:**
   904 Fallen Leaf Way

   **City:**
   Emerald Hills

   **State:**
   CA

   **ZIP Code:**
   94062-3433

3. **Full Name (Last, First, Middle Initial):**

   **Occupation:**
   
   **Mailing Address:**
   904 Fallen Leaf Way

   **City:**
   Emerald Hills

   **State:**
   CA

   **ZIP Code:**
   94062-3433

4. **Full Name (Last, First, Middle Initial):**

   **Occupation:**
   
   **Mailing Address:**
   904 Fallen Leaf Way

   **City:**
   Emerald Hills

   **State:**
   CA

   **ZIP Code:**
   94062-3433

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

900.96

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

900.96

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/10.4245

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Robin Leo Chew</td>
<td>[PERSONAL FUNDS]</td>
<td>Primary</td>
<td>2014</td>
<td>250.00</td>
<td>0.00</td>
<td>250.00</td>
</tr>
</tbody>
</table>

**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)**: 
   - Name of Employer
   - Occupation
   - Mailing Address
   - City
   - State
   - ZIP Code
   - Amount Guaranteed Outstanding: ____________

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

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

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

**SUBTOTALS**

This Period 250.00 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

### Loan Source

**Mr. Robin Leo Chew**

**Full Name (Last, First, Middle Initial)**

**Mailing Address**

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

### Original Amount of Loan

<table>
<thead>
<tr>
<th>Line</th>
<th>Name of Employer</th>
<th>Occupation</th>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate (apr)</th>
<th>Secured</th>
<th>Guaranteed Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>05/05/2014</td>
<td>6/3/2014</td>
<td>0.00</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Terms

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

### 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.*
<table>
<thead>
<tr>
<th>Name of Committee</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Chew for Congress 2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LOAN SOURCE**  
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></td>
<td>792.98</td>
<td>792.98</td>
</tr>
</tbody>
</table>

**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)  
   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)…………………………………….  
792.98

**TOTALS**  
This Period (last page in this line only)…………………………………….  
792.98

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**
250.00

**Cumulative Payment To Date**
0.00

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

**Terms**

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>Date Due</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>M 09 / D 25 / Y 2014</td>
<td>M M / D D / Y Y Y Y</td>
<td>0.00 % (apr)</td>
</tr>
</tbody>
</table>

**Secured:**
- Yes [ ]
- No [x]

**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
   - Amount Guaranteed Outstanding

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

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

4. **Full Name (Last, First, Middle Initial)**
   - Name of Employer
   - Occupation
   - Mailing Address
   - 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 the appropriate line of Summary.
**NAME OF COMMITTEE (In Full)**  
Robin Chew for Congress 2014

**SCHEDULE C (FEC Form 3)**  
**LOANS**

**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  
Emerald Hills

State  
CA

ZIP Code  
94062-3433

**Original Amount of Loan**  
1093.01

**Cumulative Payment To Date**  
0.00

**Balance Outstanding at Close of This Period**  
1093.01

**TERMS**  
**Date Incurred**  
11/4/2014

**Date Due**  
11/4/2014

**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

   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)..........................................................  
1093.01

**TOTALS** This Period (last page in this line only)....................................................  
13286.95

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