

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Judy Chu For Congress                                                                                                                |                    |                                                             |  |
| <b>ADDRESS</b> (number and street) 16633 Ventura Blvd # 1008                                                                                                                |                    |                                                             |  |
| <b>CITY</b><br>Encino                                                                                                                                                       | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91436                                    |  |
| <b>2. NAME OF CANDIDATE</b><br>Chu, Judy, , ,                                                                                                                               |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 28 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00458125                                                                                                                            |                    |                                                             |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                                                             |  |

  

|                                                             |                    |                          |                                                        |                                       |                                                                                                                                                                |
|-------------------------------------------------------------|--------------------|--------------------------|--------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. FULL NAME</b><br>AT&T Inc. Federal PAC                |                    |                          | Name of Employer                                       | Date (month, day, year)<br>11/02/2022 | Amount<br>2500.00                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>208 S. Akard St. Ste. 3521        |                    |                          | <b>Transaction ID : 65-20921</b>                       |                                       |                                                                                                                                                                |
| <b>CITY</b><br>Dallas                                       | <b>STATE</b><br>TX | <b>ZIP CODE</b><br>75202 | Occupation                                             |                                       |                                                                                                                                                                |
| <b>B. FULL NAME</b><br>Everytown for Gun Safety AF Inc. PAC |                    |                          | Name of Employer                                       | Date (month, day, year)<br>11/02/2022 | Amount<br>1000.00                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>PO Box 4184                       |                    |                          | <b>Transaction ID : 65-20923</b>                       |                                       |                                                                                                                                                                |
| <b>CITY</b><br>New York                                     | <b>STATE</b><br>NY | <b>ZIP CODE</b><br>10163 | Occupation                                             |                                       |                                                                                                                                                                |
| <b>C. FULL NAME</b><br>Lam, Thomas, , ,                     |                    |                          | Name of Employer<br>Network Medical Management         | Date (month, day, year)<br>11/02/2022 | Amount<br>1666.67                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>2307 Pennerton Dr                 |                    |                          | <b>Transaction ID : 65-20915</b>                       |                                       |                                                                                                                                                                |
| <b>CITY</b><br>Glendale                                     | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91206 | Occupation<br>Physician                                |                                       |                                                                                                                                                                |
| <b>D. FULL NAME</b><br>Lee, Su Kin, , ,                     |                    |                          | Name of Employer<br>Su Kin Lee                         | Date (month, day, year)<br>11/02/2022 | Amount<br>1666.67                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>630 San Marino Ave.               |                    |                          | <b>Transaction ID : 65-20918</b>                       |                                       |                                                                                                                                                                |
| <b>CITY</b><br>San Marino                                   | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91108 | Occupation<br>Physician                                |                                       |                                                                                                                                                                |
| <b>E. FULL NAME</b><br>Chan, Dennis, , ,                    |                    |                          | Name of Employer<br>Advanced Diagnostic & Surgery Ctr. | Date (month, day, year)<br>11/02/2022 | Amount<br>1666.67                                                                                                                                              |
| <b>MAILING ADDRESS</b><br>1938 E California Blvd            |                    |                          | <b>Transaction ID : 65-20917</b>                       |                                       |                                                                                                                                                                |
| <b>CITY</b><br>San Marino                                   | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91108 | Occupation<br>Physician                                |                                       |                                                                                                                                                                |
| <b>SIGNATURE (optional)</b><br>Leiderman, Jane, , ,         |                    |                          | <b>DATE</b><br>11/04/2022                              |                                       | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
| <b>[Electronically Filed]</b>                               |                    |                          |                                                        |                                       |                                                                                                                                                                |

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 03/2016)

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| <b>1. NAME OF COMMITTEE IN FULL</b><br>Judy Chu For Congress                                                                                                                |  |                                                             |  |
| <b>ADDRESS</b> (number and street) 16633 Ventura Blvd # 1008                                                                                                                |  |                                                             |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Encino CA 91436                                                                                                                         |  |                                                             |  |
| <b>2. NAME OF CANDIDATE</b><br>Chu, Judy, , ,                                                                                                                               |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House CA 28 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00458125                                                                                                                            |  | <i>continuation page</i>                                    |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |                                                             |  |

  

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                     | Name of Employer                                                                                                      | Date (month, day, year) | Amount  |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------|---------|
| Young, Albert, , ,<br><br>988 Kins Ford Ave<br><br>Monterey Park CA 91754                      | Network Medical Management<br><br><b>Transaction ID : 65-20916</b><br>Occupation<br>Physician                         | 11/02/2022              | 1666.67 |
| Yan, Charlie, , ,<br><br>9395 Atlantic Blvd # 216<br><br>Monterey Park CA 91754                | Name of Employer<br>ECC California Inc.<br><br><b>Transaction ID : 65-20913</b><br>Occupation<br>Educator             | 11/02/2022              | 1750.00 |
| Chen, Paul, , ,<br><br>411 Vaquero Rd.<br><br>Arcadia CA 91007                                 | Name of Employer<br>Chen & Fan Accountancy Corp.<br><br><b>Transaction ID : 65-20919</b><br>Occupation<br>CPA         | 11/02/2022              | 1000.00 |
| Sim, Kenneth, , ,<br><br>2822 Wagontrain Ln<br><br>Diamond bar CA 91765                        | Name of Employer<br>Advance Surgeons Medical Group<br><br><b>Transaction ID : 65-20914</b><br>Occupation<br>Physician | 11/02/2022              | 1666.67 |
| Chen, Kenneth Ching-Earn, , ,<br><br>17492 Camino de Yatasto<br><br>Pacific Palisades CA 90272 | Name of Employer<br>n/a<br><br><b>Transaction ID : 65-20920</b><br>Occupation<br>Unemployed                           | 11/02/2022              | 1000.00 |

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| <b>CITY, STATE, and ZIP CODE</b><br>Encino CA 91436                                                                                                                         |                                                                                                               |                                                             |                       |
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| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>Toutouchi, Shahin, , ,<br><br>1077 Grayfox Cr<br><br>Pleasanton CA 94566                                               | Name of Employer<br>Lattice Semi-Conductors<br><br><b>Transaction ID : 65-20922</b><br>Occupation<br>Engineer | Date (month, day, year)<br><br>11/02/2022                   | Amount<br><br>2000.00 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           | Name of Employer<br><br><br>Occupation                                                                        | Date (month, day, year)                                     | Amount                |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           | Name of Employer<br><br><br>Occupation                                                                        | Date (month, day, year)                                     | Amount                |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           | Name of Employer<br><br><br>Occupation                                                                        | Date (month, day, year)                                     | Amount                |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                           | Name of Employer<br><br><br>Occupation                                                                        | Date (month, day, year)                                     | Amount                |