

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 5415 Francis Ave. Chino CA 91710 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00502534 3. IS THIS REPORT NEW (N) OR AMENDED (A) CA 35

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Yolanda Miranda

Signature of Treasurer Yolanda Miranda [Electronically Filed] Date 04 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Gloria Negrete McLeod for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	168161.57
(b) Total Contribution Refunds (from Line 20(d))	0.00	120.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	168041.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1579.51	54931.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3766.73
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1579.51	51164.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	81544.41	
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).....	6601.49	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Gloria Negrete McLeod for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	54175.57
(ii) Unitemized.....	0.00	3311.00
(iii) TOTAL of contributions from individuals ▶	0.00	57486.57
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	110675.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	168161.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	3766.73
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	171928.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1579.51	54931.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	50000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	50000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	120.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	120.00
21. OTHER DISBURSEMENTS	19081.25	25459.79
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20660.76	130511.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	102205.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	102205.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20660.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	81544.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Blue Utopia		Date of Disbursement MM / DD / YYYY 01 / 08 / 2014
Mailing Address P.O. Box 4486		Amount of Each Disbursement this Period 532.79
City Seattle	State WA	
Zip Code 98194	Purpose of Disbursement Online System	Transaction ID : EXPB1247
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Citi Bank Credit Card		Date of Disbursement MM / DD / YYYY 03 / 16 / 2014
Mailing Address 399 Park Avenue New York		Amount of Each Disbursement this Period 382.79
City New York	State NY	
Zip Code 10001	Purpose of Disbursement Credit card payment	Transaction ID : EXPB1225
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. CA Democratic Party		Date of Disbursement MM / DD / YYYY 03 / 16 / 2014
Mailing Address 1401 21st Street, Suite 200		Amount of Each Disbursement this Period 350.00
City Sacramento	State CA	
Zip Code 95811	Purpose of Disbursement Contribution	Transaction ID : EDTB120EXPB1225
Candidate Name CA Democratic Party	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	532.79
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Sprint		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address P.O.Box 54977		Amount of Each Disbursement this Period 98.67
City Los Angeles	State CA	
Zip Code 90054	Purpose of Disbursement Telephone	Transaction ID : EXPB1248
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sprint		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014
Mailing Address P.O.Box 54977		Amount of Each Disbursement this Period 98.90
City Los Angeles	State CA	
Zip Code 90054	Purpose of Disbursement Telephone	Transaction ID : EXPB1237
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Sprint		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address P.O.Box 54977		Amount of Each Disbursement this Period 98.79
City Los Angeles	State CA	
Zip Code 90054	Purpose of Disbursement Telephone	Transaction ID : EXPB1228
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	296.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. U.S. Postal Services			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014		
Mailing Address 5385 Walnut Ave.			Amount of Each Disbursement this Period 31.00		
City Chino	State CA	Zip Code 91708	Transaction ID : EXPB1235		
Purpose of Disbursement PO box		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Verizon			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014		
Mailing Address P.O.Box 920041			Amount of Each Disbursement this Period 110.37		
City Dallas	State TX	Zip Code 75392-0041	Transaction ID : EXPB1236		
Purpose of Disbursement Telephone		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Verizon			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014		
Mailing Address P.O.Box 920041			Amount of Each Disbursement this Period 108.99		
City Dallas	State TX	Zip Code 75392-0041	Transaction ID : EXPB1227		
Purpose of Disbursement Telephone		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	250.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Yolanda Miranda & Associates			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014	
Mailing Address 728 W. Edna Place			Amount of Each Disbursement this Period 500.00	
City Covina	State CA	Zip Code 91722	Transaction ID : EXPB1224	
Purpose of Disbursement Accounting and reporting services.		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	1579.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Alfonso Sanchez for Senate 2014		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 2433 N. Beechwood Ave.		Amount of Each Disbursement this Period 3000.00
City Rialto State CA Zip Code 92377	Purpose of Disbursement Non-Federal Contribution	
Candidate Name Alfonso Sanchez		Transaction ID : EXPB1233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) B. Citi Bank Credit Card		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 399 Park Avenue New York		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10001	Purpose of Disbursement Credit card payment	
Candidate Name		Transaction ID : EXPB1250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) c. Democratic Congressional Campaign Comm. (DCCC)		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 430 South Capitol Street, SE, 2nd		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution	
Candidate Name Democratic Congressional Campaign Comm. (DCCC)		Transaction ID : PDTB33EXPB1250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 011	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 16	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Citi Bank Credit Card		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 399 Park Avenue New York		Amount of Each Disbursement this Period 81.25
City New York	State NY	
Zip Code 10001	Purpose of Disbursement Credit card payment (sub-vendors under \$100)	Transaction ID : EXPB1234
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2014
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 81.25
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement 01/14/14 Dinner meeting	Transaction ID : EDTB122EXPB1234
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Committee to Re-Elect Loretta Sanchez		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address P.O. Box 6037		Amount of Each Disbursement this Period 1000.00
City Santa Ana	State CA	
Zip Code 92706	Purpose of Disbursement Contribution	Transaction ID : EXPB1246
Candidate Name Loreta Sanchez	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District: 46	

SUBTOTAL of Disbursements This Page (optional).....	1081.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect Loretta Sanchez		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address P.O. Box 6037		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1230
City Santa Ana	State CA	
Zip Code 92706	Purpose of Disbursement Contribution	011 Category/ Type
Candidate Name Loreta Sanchez	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 46	

Full Name (Last, First, Middle Initial) B. Dr. Raul Ruiz for Congress		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 6116		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1243
City La Quinta	State CA	
Zip Code 92248	Purpose of Disbursement Contribution	011 Category/ Type
Candidate Name Raul Ruiz	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 36	

Full Name (Last, First, Middle Initial) c. Friends of John Barrow		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address P.O. Box 1001		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1241
City Augusta	State GA	
Zip Code 30903	Purpose of Disbursement Contribution	011 Category/ Type
Candidate Name John Barrow	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 12	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Friends of John Barrow		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address P.O. Box 1001		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1229
City Augusta	State GA	
Zip Code 30903	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name John Barrow	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 12	

Full Name (Last, First, Middle Initial) B. Friends of Lois Capps		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2014
Mailing Address P.O. Box 23940		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1231
City Santa Barbara	State CA	
Zip Code 93121	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Lois Capps	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 24	

Full Name (Last, First, Middle Initial) c. Friends of Michelle Lujan Grisham		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 25422		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1239
City Albuquerque	State NM	
Zip Code 87125	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Michelle Lujan Grisham	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NM District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Janice Han for Congress		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 6037		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1245
City San Pedro	State CA	
Zip Code 90732	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Janice Hahn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 44	

Full Name (Last, First, Middle Initial) B. Julia Brownley for Congress		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 2018		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1240
City Thousand Oaks	State CA	
Zip Code 91358	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Julia Brownley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 26	

Full Name (Last, First, Middle Initial) c. Kirkpatrick for Arizona		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 12011		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1244
City Casa Grande	State AZ	
Zip Code 85130	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Ann Kirkpatrick	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 01	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gloria Negrete McLeod for Congress

Full Name (Last, First, Middle Initial) A. Kyrsten Sinema for Congress		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address PO Box 25879		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1242
City Tempe	State AZ	
Zip Code 85285	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Kyrsten Sinerma	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 09	

Full Name (Last, First, Middle Initial) B. Larry Walker for Auditor Committee 2014		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 3700 Wilshire Blvd., Ste. 1050B		Amount of Each Disbursement this Period 3000.00 Transaction ID : EXPB1232
City Los Angeles	State CA	
Zip Code 90010	Purpose of Disbursement Non-Federal Contribution	Category/ Type 011
Candidate Name Larry Walker	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Pete Aguilar for Congress		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2014
Mailing Address P.O. Box 10954		Amount of Each Disbursement this Period 1000.00 Transaction ID : EXPB1226
City San Bernardino	State CA	
Zip Code 92423	Purpose of Disbursement Contribution	Category/ Type 011
Candidate Name Pete Aguilar	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 31	

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	19081.25

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Gloria Negrete McLeod for Congress

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

Citi Bank Credit Card

Nature of Debt (Purpose):
Credit card payment

Mailing Address 399 Park Avenue New York

City State Zip Code
New York NY 10001

Outstanding Balance Beginning This Period

1000.00

Transaction ID : PAYD1249

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

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

Citi Bank Credit Card

Nature of Debt (Purpose):
Credit card payment

Mailing Address 399 Park Avenue New York

City State Zip Code
New York NY 10001

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD1252

Amount Incurred This Period

601.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

601.49

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

Lewis and Company, Inc.

Nature of Debt (Purpose):
Printing Consultant

Mailing Address 2149 E. Garvey Ave., N, Ste. A-11

City State Zip Code
West Covina CA 91791

Outstanding Balance Beginning This Period

1000.00

Transaction ID : PAYD911

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

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

1601.49

0.00

0.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Gloria Negrete McLeod for Congress

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

Mailing Address 16060 Ventura Blvd., Suite 110

City State Zip Code
Encino CA 91436

Nature of Debt (Purpose):
General Consulting

Outstanding Balance Beginning This Period **5000.00** **Transaction ID : PAYD910**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **5000.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	5000.00
2) TOTALS This Period (last page this line number only)	6601.49
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6601.49