

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

MATHEWS FOR CONGRESS

ADDRESS (number and street) 3700 WILSHIRE BLVD., STE. 1050-B

Check if different than previously reported. (ACC)

LOS ANGELES

CA

90010-3090

2. **FEC IDENTIFICATION NUMBER** ▼

C C00259374

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

47

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

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 DAVID GOULD

Signature of Treasurer DAVID GOULD

[Electronically Filed]

Date

/ /

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MATHEWS 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))....	2030.00	5969.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2030.00	5969.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2684.57	6006.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2684.57	6006.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6.42	
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).....	359793.76	

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

MATHEWS 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).....	1250.00	0.00
(ii) Unitemized.....	780.00	0.00
(iii) TOTAL of contributions from individuals ▶	2030.00	5919.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	50.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2030.00	5969.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2030.00	5969.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2684.57	6006.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2684.57	6006.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	660.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2030.00
25. SUBTOTAL (add Line 23 and Line 24).....	2690.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2684.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 107
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Gokul Agarwalla

Mailing Address 6729 Kings Harbor Dr

City Rancho Palos Verdes State CA Zip Code 90275

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

Name of Employer Self Employed Occupation Management Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2012

Transaction ID : 11AI-3908-I

Amount of Each Receipt this Period
500.00

Earmarked through Actblue. Date recieved by conduit in memo record below.

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : 11AI-3908-I-MEMO

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Total earmarked through conduit, PAC limits not affected.

C. Full Name (Last, First, Middle Initial)
Shashidhar B. Acharya

Mailing Address 4705 E Cerro Vista Dr

City Anaheim State CA Zip Code 92807

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

Name of Employer St. Joseph Medical Corp. Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : 11AI-3900

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 107	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Avadhesh K Agarwal		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 04 / 2012
Mailing Address 25 Georgeff Rd		Transaction ID : 11AI-3902
City Rolling Hills	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Avadhesh K. Agarwal	Occupation Businessman	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 107	
	<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)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David L. Gould Company		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 3700 Wilshire Blvd., #1050B		Amount of Each Disbursement this Period 300.00
City Los Angeles	State CA	
Zip Code 90010	Purpose of Disbursement Political Reporting Services	Transaction ID : 17-1703
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David L. Gould Company		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2012
Mailing Address 3700 Wilshire Blvd., #1050B		Amount of Each Disbursement this Period 250.00
City Los Angeles	State CA	
Zip Code 90010	Purpose of Disbursement Political Reporting Services	Transaction ID : 17-1706
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. David L. Gould Company		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 3700 Wilshire Blvd., #1050B		Amount of Each Disbursement this Period 500.00
City Los Angeles	State CA	
Zip Code 90010	Purpose of Disbursement Political Reporting Services	Transaction ID : 17-1713
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1050.00
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 8 OF 107			
	<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)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David L. Gould Company		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 3700 Wilshire Blvd., #1050B		Amount of Each Disbursement this Period 500.00
City Los Angeles	State CA	
Zip Code 90010	Purpose of Disbursement Political Reporting Services	Transaction ID : 17-1715
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. HareMail		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 2508 N Palm Dr Ste # 105		Amount of Each Disbursement this Period 300.00
City Signal Hill	State CA	
Zip Code 90755	Purpose of Disbursement Mailer	Transaction ID : 17-1716
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. E. PETER MATHEWS		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 3701 VERMONT STREET		Amount of Each Disbursement this Period 500.00
City LONG BEACH	State CA	
Zip Code 90814-2753	Purpose of Disbursement Postage	Transaction ID : 17-1704
Candidate Name E. PETER MATHEWS	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47		

SUBTOTAL of Disbursements This Page (optional).....	1300.00
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 9 OF 107	
	<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)
MATHEWS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postal Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 1808 W 7th St		Amount of Each Disbursement this Period 500.00
City Los Angeles	State CA	
Zip Code 90017	Purpose of Disbursement Postage	Transaction ID : 17-1705-S
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] SUBVENDOR to E. PETER MATHEWS
State: District:		

Full Name (Last, First, Middle Initial) B. E. PETER MATHEWS		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 3701 VERMONT STREET		Amount of Each Disbursement this Period 300.00
City LONG BEACH	State CA	
Zip Code 90814-2753	Purpose of Disbursement Office Expenses	Transaction ID : 17-1712
Candidate Name E. PETER MATHEWS	001 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 47		

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

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	2650.00

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-14-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 15 / Y 1998	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	10000.00
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) Transaction ID : C10-15-LR
MATHEWS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 1998 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 29 / Y 1998	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	500.00
TOTALS This Period (last page in this line only).....	

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-17-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 1998
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan 240.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 240.00
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TERMS

Date Incurred: M 06 / D 30 / Y 1998 Date Due: M 12 / D 31 / Y 2005 Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 240.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-16-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 1998

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06 /

D 30 /

Y 1998 Y

M 12 /

D 31 /

Y 2006 Y

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

150.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-26-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 02 /

D 05 /

Y 1999 Y

M 12 /

D 31 /

Y 2006 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

600.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-22-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

750.00

Cumulative Payment To Date

650.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 / D 16 / Y 1999

M 12 / D 31 / Y 2006

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

100.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-24-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

4050.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4050.00

TERMS

Date Incurred

M 04 /

D 28 /

Y 1999 Y

Date Due

M 12 /

D 31 /

Y 2006 Y

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

4050.00

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) **MATHEWS FOR CONGRESS** Transaction ID : C10-25-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2000
E. PETER MATHEWS
 Primary
 General
 Other (specify) ▼

Mailing Address
 3701 VERMONT STREET
 City State ZIP Code
 LONG BEACH CA 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1800.00	0.00	1800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 05 / Y 1999	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	1800.00
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-27-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 09 / Y 1999

M 12 / D 31 / Y 2006

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-28-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

30000.00

Cumulative Payment To Date

3200.00

Balance Outstanding at Close of This Period

26800.00

TERMS

Date Incurred

02 / 02 / 2000

Date Due

12 / 31 / 2006

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

26800.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-30-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 08 /

Y 2000 Y

M 12 /

D 31 /

Y 2006 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

150.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-34-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

420.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

420.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 07 D

Y 2000 Y

M 12 M

D 31 D

Y 2006 Y

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

420.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-35-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
208.70	0.00	208.70

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 14 / Y 2000	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	208.70
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-36-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2000

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08 / 23 / 2000

12 / 31 / 2005

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

100.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-37-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2000 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
73.66	0.00	73.66

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2000	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	73.66
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-38-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2002

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01

10

2002

12

31

2005

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-46-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2002

E. PETER MATHEWS

Primary
 General
 Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

700.00

0.00

700.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

08

2002

12

31

2006

0.00

% (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

700.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-44-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 09 / Y 2002	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-45-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2002

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

150.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 08 D

Y 2002 Y

M 12 M

D 31 D

Y 2005 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

150.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-47-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2002

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

115.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

115.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 /

D 23 /

Y 2002 Y

M 12 /

D 31 /

Y 2005 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

115.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-48-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1400.00	0.00	1400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 02 / Y 2002	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1400.00
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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-49-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

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:
06 / 07 / 2002	12 / 31 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-50-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2002

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06 / D 29 / Y 2002

M 12 / D 31 / Y 2005

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

600.00

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**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-51-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2800.00	0.00	2800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 05 / Y 2002	M 12 / D 31 / Y 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	2800.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-52-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 04 / 2002	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	100.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-53-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 05 / 2002	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	200.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-54-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 03 / 2003	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	100.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-55-LR

MATHEWS FOR CONGRESS

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

Eapen Peter Mathews

Election: 2004

Primary

General

Other (specify) ▼

Mailing Address

3701 E Vermont St

City

State

ZIP Code

Long Beach

CA

90814

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

M 03 / D 03 / Y 2003

Date Due

M 12 / D 31 / Y 2005

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

200.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-56-LR

MATHEWS FOR CONGRESS

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

Eapen Peter Mathews

Election: 2004

Primary

General

Other (specify) ▼

Mailing Address

3701 E Vermont St

City

State

ZIP Code

Long Beach

CA

90814

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

04 / 11 / 2003

Date Due

12 / 31 / 2005

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

200.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-58-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2004

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

M 08 / D 29 / Y 2003

Date Due

M 12 / D 31 / Y 2006

Interest Rate

0.00 % (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-61-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2004
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 10000.00 600.00 9400.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 01 / D 27 / Y 2004 M 12 / D 31 / Y 2005 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 9400.00

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) **MATHEWS FOR CONGRESS** Transaction ID : **C10-62-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) Anju Gupta	Election: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1 Stagecoach Ln.	

City	State	ZIP Code
Huntington Station	NY	11746

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 05 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	2000.00
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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-64-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 01 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	1500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-65-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9000.00	0.00	9000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 07 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	9000.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-66-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2004

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 / D 19 / Y 2004

M 12 / D 31 / Y 2005

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-67-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20.00	0.00	20.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 27 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	20.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-68-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50.00	0.00	50.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 14 / Y 2004	M 12 / D 31 / Y 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	50.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-69-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	0.00	650.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 09 / 2004	12 / 31 / 2005	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	650.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-73-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2004
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET
City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
535.00 0.00 535.00

TERMS Date Incurred Date Due Interest Rate Secured:
M 10 / D 07 / Y 2004 M 12 / D 31 / Y 2005 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 535.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-74-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 05 / 2004	12 / 31 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	400.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-75-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

900.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

900.00

TERMS

Date Incurred

M 04 /

D 29 /

Y 2005 Y

Date Due

M 04 /

D 29 /

Y 2006 Y

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

900.00

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**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-76-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2006
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 120.00 0.00 120.00

TERMS Date Incurred Date Due Interest Rate Secured:
 06 / 02 / 2005 06 / 02 / 2006 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 120.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-77-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

15

2005

09

15

2006

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-78-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
233.85	0.00	233.85

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 07 / 2005	10 / 07 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	233.85
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-79-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 10 / D 19 / Y 2005

M 10 / D 19 / Y 2006

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

350.00

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**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-80-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2006
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 1100.00 0.00 1100.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 10 / D 31 / Y 2005 M 10 / D 31 / Y 2006 0.00 % (apr) Yes No

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-81-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 30 / 2005	11 / 30 / 2006	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	600.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-82-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

130.00

0.00

130.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 / D 15 / Y 2005

M 12 / D 15 / Y 2006

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

130.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-83-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

20.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 16 D /

Y 2005 Y

M 12 M /

D 16 D /

Y 2006 Y

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

20.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-84-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 10 / 2006	03 / 10 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-85-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

0.00

1500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 24 /

Y 2006 Y

M 03 /

D 24 /

Y 2007 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

1500.00

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-86-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2006
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 600.00 0.00 600.00

TERMS Date Incurred Date Due Interest Rate Secured:
 03 / 29 / 2006 03 / 29 / 2007 0.00 % (apr) Yes No

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

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-87-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

110.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

110.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M /

D 05 D /

Y 2006 Y

M 04 M /

D 05 D /

Y 2007 Y

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

110.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-88-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 13 / Y 2006	M 04 / D 13 / Y 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	600.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-90-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

20

2006

04

20

2007

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

50000.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-91-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
99.00	0.00	99.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 22 / 2006	09 / 22 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	99.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-93-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11 / 08 / 2006

11 / 08 / 2007

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-94-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
240.00	0.00	240.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
11 / 20 / 2006	11 / 20 / 2007	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	240.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-95-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2006

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 01 D /

Y 2006 Y

M 12 M /

D 01 D /

Y 2007 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

50.00

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**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-96-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2008
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

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:
 M 01 / D 16 / Y 2007 M 01 / D 16 / Y 2008 0.00 % (apr) Yes No

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-97-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

360.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

360.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 M

D 06 D

Y 2007 Y

M 03 M

D 06 D

Y 2008 Y

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

360.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-104-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2007

E. PETER MATHEWS

Primary

General

Other (specify) ▼
Special General 2007

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M 07 / D 03 / Y 2007

Date Due

M 07 / D 02 / Y 2008

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

500.00

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-105-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28000.00	0.00	28000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 20 / 2007	07 / 20 / 2008	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	28000.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-106-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08 / 03 / 2007

08 / 02 / 2008

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-107-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1900.00

0.00

1900.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

20

2007

08

19

2008

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

1900.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-109-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
02 / 08 / 2008	02 / 07 / 2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-110-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.00

0.00

400.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

04

2008

04

04

2009

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

400.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-115-LR

MATHEWS FOR CONGRESS

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

Anil Kumar

Election: 2008

Primary
 General
 Other (specify) ▼

Mailing Address
10370 Northvale Rd.

City State ZIP Code
Los Angeles CA 90064

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
05 / 28 / 2008 05 / 28 / 2009 0.00 % (apr) Yes No

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-117-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1000.00

Cumulative Payment To Date

800.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

06

2008

06

06

2009

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

200.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-118-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

70.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70.00

TERMS

Date Incurred

M 07 / D 30 / Y 2008

Date Due

M 07 / D 30 / Y 2009

Interest Rate

0.00 % (apr)

Secured:

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

70.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-119-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2300.00	0.00	2300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 29 / Y 2008	M 08 / D 29 / Y 2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:150px" type="text"/>

SUBTOTALS This Period This Page (optional).....	2300.00
TOTALS This Period (last page in this line only).....	<input style="width:150px" type="text"/>

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

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

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-120-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
375.00	0.00	375.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 06 / 2008	10 / 06 / 2009	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	375.00
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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-121-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

550.00

0.00

550.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 07 D

Y 2009 Y

M 04 M

D 07 D

Y 2010 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

550.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-122-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2008

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

350.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

350.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

02

2009

06

02

2010

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

350.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-124-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

60.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02 / 02 / 2010

02 / 02 / 2011

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

60.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-126-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

250.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

02

17

2010

02

17

2011

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-127-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 700.00 500.00 200.00

TERMS Date Incurred Date Due Interest Rate Secured:
 03 / 18 / 2010 03 / 18 / 2011 0.00 % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... 200.00

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**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : C10-128-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) **E. PETER MATHEWS** *[PERSONAL FUNDS]* Election: 2010
 Primary
 General
 Other (specify) ▼

Mailing Address
3701 VERMONT STREET

City State ZIP Code
LONG BEACH CA 90814-2753

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
 800.00 0.00 800.00

TERMS Date Incurred Date Due Interest Rate Secured:
 04 / 02 / 2010 04 / 02 / 2011 0.00 % (apr) Yes No

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

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

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-130-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

02

2010

04

02

2011

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-134-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

800.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 04 /

Y 2010 Y

M 05 /

D 04 /

Y 2011 Y

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

800.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-135-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 14 /

Y 2010 Y

M 05 /

D 14 /

Y 2011 Y

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

2500.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C10-141-LR

MATHEWS FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

E. PETER MATHEWS

Primary

General

Other (specify) ▼

Mailing Address

3701 VERMONT STREET

City

State

ZIP Code

LONG BEACH

CA

90814-2753

Original Amount of Loan

1750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1750.00

TERMS

Date Incurred

06

10

2010

Date Due

06

10

2011

Interest Rate

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

1750.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **MATHEWS FOR CONGRESS** Transaction ID : **C10-140-LR**

LOAN SOURCE Full Name (Last, First, Middle Initial) E. PETER MATHEWS	[PERSONAL FUNDS]	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 VERMONT STREET		

City	State	ZIP Code
LONG BEACH	CA	90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 15 / 2010	06 / 15 / 2011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	800.00
TOTALS This Period (last page in this line only).....	186280.21

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMAC	Nature of Debt (Purpose): Labels & List
Mailing Address 112 S Catalina Ave	
City State Zip Code Redondo Beach CA 90277	

Outstanding Balance Beginning This Period 1461.67	Transaction ID : D10-1989-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1461.67

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Airtouch Cellular-LA	Nature of Debt (Purpose): Cellular phone charges
Mailing Address Dept 6080	
City State Zip Code Los Angeles CA 90088	

Outstanding Balance Beginning This Period 380.72	Transaction ID : D10-472-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 380.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Data Management Inc.	Nature of Debt (Purpose): Voter files,lists,labels
Mailing Address 312 Brokaw Rd	
City State Zip Code Santa Clara CA 95050	

Outstanding Balance Beginning This Period 2086.32	Transaction ID : D10-1659-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2086.32

1) SUBTOTALS This Period This Page (optional)	3928.71
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) ▶	

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)

MATHEWS FOR CONGRESS

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

Mailing Address 8092 Ainsworth Ln

City State Zip Code
La Palma CA 90623

Nature of Debt (Purpose):
Events

Outstanding Balance Beginning This Period **534.81** Transaction ID : D10-1655-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **534.81**

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

Mailing Address 333 S Beaudry St 18th Fl

City State Zip Code
Los Angeles CA 90017

Nature of Debt (Purpose):
Interest payable on Loan

Outstanding Balance Beginning This Period **240.75** Transaction ID : D10-2561-V

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **240.75**

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

Mailing Address 11343 Steward Street

City State Zip Code
El Monte CA 91731

Nature of Debt (Purpose):
Signs

Outstanding Balance Beginning This Period **5000.00** Transaction ID : D10-477-V

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

1) SUBTOTALS This Period This Page (optional)	5775.56
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 95 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Call America	Nature of Debt (Purpose): Long distance phone charges
Mailing Address 2530 E Lacadena Dr	
City State Zip Code Riverside CA 92507	

Outstanding Balance Beginning This Period 2010.97	Transaction ID : D10-72-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2010.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Antonio Castro	Nature of Debt (Purpose): Office Expenses
Mailing Address 1518 N Spurgeon Apt # 306	
City State Zip Code Santa Ana CA 92701	

Outstanding Balance Beginning This Period 159.72	Transaction ID : D10-2583-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 159.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Copyco	Nature of Debt (Purpose): Printing
Mailing Address 2155 N. Bellflower Blvd.	
City State Zip Code Long Beach CA 90815	

Outstanding Balance Beginning This Period 52.50	Transaction ID : D10-2793-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 52.50

1) SUBTOTALS This Period This Page (optional)	2223.19
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) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Corporate Computer Rental		Nature of Debt (Purpose): Computer rentals
Mailing Address 222 W Florence Ave		
City State	Zip Code	
Inglewood CA	90301	

Outstanding Balance Beginning This Period	Transaction ID : D10-481-V	
<input type="text" value="413.78"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="413.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fred M. Cruz		Nature of Debt (Purpose): Printing
Mailing Address 845 E 6th St. Apt 5		
City State	Zip Code	
Long Beach CA	90802	

Outstanding Balance Beginning This Period	Transaction ID : D10-2985-V	
<input type="text" value="8.74"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="8.74"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company		Nature of Debt (Purpose): Political Reporting Services
Mailing Address 3700 Wilshire Blvd., #1050B		
City	State	Zip Code
Los Angeles	CA	90010

Outstanding Balance Beginning This Period	Transaction ID : D10-17-V	
<input type="text" value="17275.25"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="500.00"/>	<input type="text" value="1550.00"/>	<input type="text" value="16225.25"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="16647.77"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Democratic Voters Choice		Nature of Debt (Purpose): Slate Mailer
Mailing Address 728 W. Edna Pl.		
City State	Zip Code	
Covina CA	91722	

Outstanding Balance Beginning This Period	Transaction ID : D10-763-V	
<input type="text" value="750.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="750.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor E-Print & Copy		Nature of Debt (Purpose): Printing
Mailing Address 4400 E 7TH		
City State	Zip Code	
Long Beach CA	90804	

Outstanding Balance Beginning This Period	Transaction ID : D10-1916-V	
<input type="text" value="54.13"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="54.13"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Preston Fletcher		Nature of Debt (Purpose): Consulting Services
Mailing Address 6824 Via Media Circle		
City State	Zip Code	
Buena Park CA	90620	

Outstanding Balance Beginning This Period	Transaction ID : D10-1376-V	
<input type="text" value="1000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1804.13"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 98 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor GTE California		Nature of Debt (Purpose): Phone
Mailing Address Payment Processing Center		
City State	Zip Code	
Inglewood CA	90313	

Outstanding Balance Beginning This Period	Transaction ID : D10-53-V	
<input type="text" value="5159.85"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="5159.85"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gravis Marketing		Nature of Debt (Purpose): Phone Bank Cost
Mailing Address 910 Belle Ave. Ste. 1042		
City State	Zip Code	
Winter Springs FL	32708	

Outstanding Balance Beginning This Period	Transaction ID : D10-3059-V	
<input type="text" value="399.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="399.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hang-M-Hi		Nature of Debt (Purpose): Sign Posting
Mailing Address 10822 Woodward Ave.		
City State	Zip Code	
Sunland CA	91040	

Outstanding Balance Beginning This Period	Transaction ID : D10-2088-V	
<input type="text" value="950.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="950.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6508.85"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HareMail	Nature of Debt (Purpose): Mailer
Mailing Address 2508 N Palm Dr Ste # 105	
City State Zip Code Signal Hill CA 90755	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D10-2613-V	
Amount Incurred This Period 1800.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor JOHN F. KENNEDY ALLIANCE	Nature of Debt (Purpose): Slate Mailer
Mailing Address 555 S Flower St # 4210	
City State Zip Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 750.00	Transaction ID : D10-1932-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Leading Edge	Nature of Debt (Purpose): Computer data service
Mailing Address PO Box 6008	
City State Zip Code Stockton CA 95206	

Outstanding Balance Beginning This Period 258.00	Transaction ID : D10-473-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 258.00

1) SUBTOTALS This Period This Page (optional)	2808.00
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 100 OF 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Long Beach Press-Telegram	Nature of Debt (Purpose): Subscription
Mailing Address PO Box 93106	
City State Zip Code Long Beach CA 90809-3106	

Outstanding Balance Beginning This Period 10.15	Transaction ID : D10-1155-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor E. PETER MATHEWS	Nature of Debt (Purpose): Printing
Mailing Address 3701 VERMONT STREET	
City State Zip Code LONG BEACH CA 90814-2753	

Outstanding Balance Beginning This Period 113499.43	Transaction ID : D10-0-V	
Amount Incurred This Period 2397.45	Payment This Period 0.00	Outstanding Balance at Close of This Period 115896.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCI	Nature of Debt (Purpose): Phone charges
Mailing Address PO Box 85053	
City State Zip Code Louisville KY 40285	

Outstanding Balance Beginning This Period 211.86	Transaction ID : D10-471-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 211.86

1) SUBTOTALS This Period This Page (optional)	116118.89
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) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MWB Business Systems		Nature of Debt (Purpose):
Mailing Address 14397 Amargosa Rd		
City State	Zip Code	
Victorville CA	92392	

Outstanding Balance Beginning This Period	Transaction ID : D10-479-V	
<input type="text" value="333.54"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="333.54"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amara E. Mathews		Nature of Debt (Purpose): Expenses
Mailing Address 2025 S Holt Ave # 5		
City State	Zip Code	
Los Angeles CA	90034	

Outstanding Balance Beginning This Period	Transaction ID : D10-457-V	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Eapen Peter Mathews		Nature of Debt (Purpose): Printing
Mailing Address 3701 E Vermont St		
City State	Zip Code	
Long Beach CA	90814	

Outstanding Balance Beginning This Period	Transaction ID : D10-1820-V	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1333.54"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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)

MATHEWS FOR CONGRESS

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

Mailing Address 444 E Huntington Dr # 150

City State Zip Code
Arcadia CA 91006

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period **Transaction ID : D10-480-V**
177.16

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 177.16

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

Mailing Address 12014 E Rosecrans Ave

City State Zip Code
Norwalk CA 90650

Nature of Debt (Purpose):
Printing

Outstanding Balance Beginning This Period **Transaction ID : D10-90-V**
1301.35

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1301.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dick O'Dell

Mailing Address 12750 Centralia Street

City State Zip Code
Lakewood CA 90715

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period **Transaction ID : D10-474-V**
163.25

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 163.25

1) SUBTOTALS This Period This Page (optional)	▶	1641.76
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) ▶		

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)

MATHEWS FOR CONGRESS

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

Mailing Address PO Box 85390

City State Zip Code
Louisville KY 40285

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period **7.83** **Transaction ID : D10-478-V**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **7.83**

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

Mailing Address 30030 Mission Blvd

City State Zip Code
Hayward CA 94544

Nature of Debt (Purpose):
To adjust for payment made

Outstanding Balance Beginning This Period **77.32** **Transaction ID : D10-86-V**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **77.32**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SAAB Travel & Tours

Mailing Address 17134 Devonshire St Ste # 201

City State Zip Code
Northridge CA 91325

Nature of Debt (Purpose):
Travel Expenses

Outstanding Balance Beginning This Period **2278.00** **Transaction ID : D10-855-V**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **2278.00**

1) SUBTOTALS This Period This Page (optional)	2363.15
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) ▶	

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)

MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Seaside Printing Company Inc.

Mailing Address 1220 E Fourth St

City State Zip Code
Long Beach CA 90802

Nature of Debt (Purpose):
Printing

Outstanding Balance Beginning This Period **214.85** **Transaction ID : D10-1518-V**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **214.85**

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

Mailing Address 2401 Donner Way

City State Zip Code
Sacramento CA 95818

Nature of Debt (Purpose):
Commission & expenses

Outstanding Balance Beginning This Period **400.00** **Transaction ID : D10-973-V**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **400.00**

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

Mailing Address PO Box 600

City State Zip Code
Rosemead CA 91771-0001

Nature of Debt (Purpose):
Utility Service

Outstanding Balance Beginning This Period **259.49** **Transaction ID : D10-89-V**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **259.49**

1) SUBTOTALS This Period This Page (optional)	874.34
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) ▶	

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)

MATHEWS FOR CONGRESS

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

Mailing Address PO Box 79357

City State Zip Code
City of Industry CA 91716-9357

Nature of Debt (Purpose):
Cell Phone

Outstanding Balance Beginning This Period **Transaction ID : D10-1420-V**
1029.07

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1029.07

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

Mailing Address 4600 Pacific Coast Highway

City State Zip Code
Long Beach CA 90804

Nature of Debt (Purpose):
Office supplies

Outstanding Balance Beginning This Period **Transaction ID : D10-83-V**
2008.51

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2008.51

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

Mailing Address 1327 W 12th Pl

City State Zip Code
Los Angeles CA 90015

Nature of Debt (Purpose):
Printing

Outstanding Balance Beginning This Period **Transaction ID : D10-59-V**
950.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 950.00

1) SUBTOTALS This Period This Page (optional)	3987.58
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) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Target Mailing Services, Inc.	Nature of Debt (Purpose): Mailing Services
Mailing Address 1905 S Mountain Ave	
City State Zip Code Monrovia CA 91016	

Outstanding Balance Beginning This Period 3815.00	Transaction ID : D10-1753-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3815.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon California	Nature of Debt (Purpose): Phone
Mailing Address PO Box 9688	
City State Zip Code Mission Hills CA 91346-9688	

Outstanding Balance Beginning This Period 229.61	Transaction ID : D10-1907-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 229.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bank of America VISA	Nature of Debt (Purpose): Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records
Mailing Address POBox 53132	
City State Zip Code Phoenix AZ 85072-3132	

Outstanding Balance Beginning This Period 1984.34	Transaction ID : D10-976-W	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1984.34

1) SUBTOTALS This Period This Page (optional)	6028.95
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) ▶	

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)

MATHEWS FOR CONGRESS

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

First U.S.A. VISA

Nature of Debt (Purpose):

Various credit card purchases. Purpose appears/appeared on Schedule B Credit Card Payee memo records

Mailing Address POBox 740085

City State Zip Code
Atlanta GA 30374

Outstanding Balance Beginning This Period

1469.13

Transaction ID : D10-66-W

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1469.13

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

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)
- 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) ▶

1469.13
173513.55
186280.21
359793.76