

**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

Barbara Lee for Congress

ADDRESS (number and street)

333 Hegenberger Road

Suite 369

Oakland

CA

94621

☐ Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00331769

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CA

13

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2023

through

M M / D D / Y Y Y Y
09 / 30 / 2023

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 Binion, Loraine, , ,

Signature of Treasurer

Binion, Loraine, , ,

Date

M M / D D / Y Y Y Y
10 / 15 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Barbara Lee for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	465921.83
(b) Total Contribution Refunds (from Line 20(d))	300.00	9950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 300.00	455971.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	535.15	341242.02
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	79.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	535.15	341162.69
8. Cash on Hand at Close of Reporting Period (from Line 27)	2599.82	
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)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Barbara Lee for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
09 / 30 / 2023**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

378242.33

(ii) Unitemized

0.00

69879.50

(iii) TOTAL of contributions
from individuals ▶

0.00

448121.83

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

17800.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

465921.83

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

79.33

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

0.00

0.00

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

0.00

466001.16

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	535.15	341242.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	175400.00
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	300.00	9950.00
(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)).....	300.00	9950.00
21. OTHER DISBURSEMENTS	- 2000.00	- 1750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	- 1164.85	524842.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1434.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	1434.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	- 1164.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2599.82

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 9

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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)

Barbara Lee for Congress

Full Name (Last, First, Middle Initial)

A. East West Bank

Mailing Address 900 Webster St

City
OaklandState
CAZip Code
94607-4222Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : 500497183

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. East West Bank

Mailing Address 900 Webster St

City
OaklandState
CAZip Code
94607-4222Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : 500497184

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. East West Bank

Mailing Address 900 Webster St

City
OaklandState
CAZip Code
94607-4222Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : 500497185

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

435.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Barbara Lee for Congress

Full Name (Last, First, Middle Initial)

A. First Bank Merchant Services

Mailing Address 1 Western Maryland Pkwy

City
HagerstownState
MDZip Code
21740-5146Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

84.90

Transaction ID : 500497186

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Network For GoodMailing Address 1140 Connecticut Ave NW
Ste 700City
WashingtonState
DCZip Code
20036-4011Purpose of Disbursement
Void of stale dated check

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2020

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

- 250.00

Transaction ID : 500497238

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCHEXMailing Address 10860 Gold Center Dr
Ste 100City
Rancho CordovaState
CAZip Code
95670-6024Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

83.00

Transaction ID : 500497187

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

- 82.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Barbara Lee for Congress

Full Name (Last, First, Middle Initial)

A. PAYCHEXMailing Address 10860 Gold Center Dr
Ste 100City
Rancho CordovaState
CAZip Code
95670-6024Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

99.25

Transaction ID : 500497188

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYCHEXMailing Address 10860 Gold Center Dr
Ste 100City
Rancho CordovaState
CAZip Code
95670-6024Purpose of Disbursement
Payroll Processing Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

83.00

Transaction ID : 500497189

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

182.25

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

535.15

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Barbara Lee for Congress

Full Name (Last, First, Middle Initial)

A. LESTER, William, A, , Jr

Mailing Address 4433 Briar Cliff Rd

City
OaklandState
CAZip Code
94605-4624Purpose of Disbursement
Refund of Excess Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2023

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : 500497190

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

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

300.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☒ 21

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NAME OF COMMITTEE (In Full)

Barbara Lee for Congress

Full Name (Last, First, Middle Initial)

A. Josh Harder For Congress

Mailing Address PO Box 4426

City
ModestoState
CAZip Code
95352-4426Purpose of Disbursement
Void of stale-dated checkCandidate Name
Harder, Josh, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2023

FEC Identification Number

C C00639146

Amount of Each Disbursement this Period

- 1500.00

Transaction ID : 500497236

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Josh Harder For Congress

Mailing Address PO Box 4426

City
ModestoState
CAZip Code
95352-4426Purpose of Disbursement
Void of stale dated checkCandidate Name
Harder, Josh, , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		22		2023

FEC Identification Number

C C00639146

Amount of Each Disbursement this Period

- 500.00

Transaction ID : 500497237

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

- 2000.00

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

- 2000.00