

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MATHEWS FOR CONGRESS

ADDRESS (number and street) 555 South Flower Street #4210
 Check if different than previously reported. (ACC)
Los Angeles CA 90071

2. **FEC IDENTIFICATION NUMBER** C00259374
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CA 37

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 06 08 2010 in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 04 01 2010 through 05 19 2010

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 Electronically Filed by David Gould Date 05 27 2010

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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)).....	4344.50	18741.57
(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)).....	4344.50	18741.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	7604.74	21484.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	425.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7604.74	21059.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	305.35	
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).....	342775.45	

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:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
1	9

Y	Y	Y	Y
2	0	1	0

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	3219.50	0.00
(i) Itemized (use Schedule A).....	1125.00	0.00
(ii) Unitemized.....	4344.50	18741.57
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	4344.50	18741.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	5100.00	7010.00
(b) All Other Loans.....	2500.00	4900.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7600.00	11910.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	425.00
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)..... ▶	11944.50	31076.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7604.74	21484.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	200.00	4200.00
(b) Of all Other Loans.....	4100.00	4850.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	4300.00	9050.00
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) ▶	11904.74	30534.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	265.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	11944.50
25. SUBTOTAL (add Line 23 and Line 24).....	12210.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11904.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	305.35

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sarbpaul S Bhalla

Mailing Address 714 via La Cuesta

City Palos Verdes Estat State CA Zip Code 90274

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: 11AI-3851

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Rama E Chandran

Mailing Address 25 Crest Rd W

City Rolling Hills State CA Zip Code 90274

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Orthopedic Surgeon

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 11AI-3852

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Fred M. Cruz

Mailing Address 845 E 6th St. Apt 5

City Long Beach State CA Zip Code 90802

FEC ID number of contributing federal political committee. C

Name of Employer Best efforts Occupation Unable to obtain

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1199.50

Date of Receipt M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: 11AI-3844

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Fred M. Cruz		Date of Receipt
	Mailing Address 845 E 6th St. Apt 5		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Long Beach	CA	90802
	FEC ID number of contributing federal political committee. C		Transaction ID: 11AI-3860
Name of Employer Best efforts		Occupation Unable to obtain	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 1199.50	

B.	Full Name (Last, First, Middle Initial) Fred M. Cruz		Date of Receipt
	Mailing Address 845 E 6th St. Apt 5		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Long Beach	CA	90802
	FEC ID number of contributing federal political committee. C		Transaction ID: 11AI-3866
Name of Employer Best efforts		Occupation Unable to obtain	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 219.50
		<input type="text"/> 1199.50	In-Kind: Printing

C.	Full Name (Last, First, Middle Initial) Navin H Doshi		Date of Receipt
	Mailing Address PO Box 1007		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Torrance	CA	90505
	FEC ID number of contributing federal political committee. C		Transaction ID: 11AI-3859
Name of Employer Best efforts		Occupation Unable to obtain	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1519.50
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) Amarjit Marwah		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address 29057 Pacific Coast Hwy		Transaction ID: 11AI-3854
City Malibu	State CA	Zip Code 90265
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer None	Occupation Retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) R. Narayanaswami		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
Mailing Address 501 Country Valley Rd		Transaction ID: 11AI-3846
City Westlake Village	State CA	Zip Code 91362
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Rama Narayanaswami	Occupation Owner/Principal	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	3219.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 119
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E. Peter Mathews

Mailing Address 3701 Vermont Street

City State Zip Code
Long Beach CA 90814-2753

FEC ID number of contributing federal political committee. **C** H2CA38062

Name of Employer El Camino College Occupation Professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 1 0

Transaction ID: 13A-3864

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
E. Peter Mathews

Mailing Address 3701 Vermont Street

City State Zip Code
Long Beach CA 90814-2753

FEC ID number of contributing federal political committee. **C** H2CA38062

Name of Employer El Camino College Occupation Professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: 13A-3843

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
E. Peter Mathews

Mailing Address 3701 Vermont Street

City State Zip Code
Long Beach CA 90814-2753

FEC ID number of contributing federal political committee. **C** H2CA38062

Name of Employer El Camino College Occupation Professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 1 0

Transaction ID: 13A-3861

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► **4300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 119
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
E. Peter Mathews

Mailing Address 3701 Vermont Street

City State Zip Code
Long Beach CA 90814-2753

FEC ID number of contributing federal political committee. **C** H2CA38062

Name of Employer Occupation
El Camino College Professor

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: 13A-3842

Amount of Each Receipt this Period
800.00

0.00

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	5100.00

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

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

FOR LINE NUMBER: PAGE 10 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Chaitanya Dave

Mailing Address 2221 Daladier Dr

City Palos Verdes Estat State CA Zip Code 90275

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 501.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 1 0

Transaction ID: 13B-3857

Amount of Each Receipt this Period
 1899.00

B. Full Name (Last, First, Middle Initial)
Chaitanya Dave

Mailing Address 2221 Daladier Dr

City Palos Verdes Estat State CA Zip Code 90275

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 501.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 3 / 2 0 1 0

Transaction ID: 13B-3858

Amount of Each Receipt this Period
 601.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ► **2500.00**

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Romel Bowens

Transaction ID: 17-1615
Date of Disbursement

Mailing Address 4320 Van Nuys Blvd. #314

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Sherman Oaks State CA Zip Code 91403

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraiser Management Fee

003
Category/
Type

687.00

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Antonio Castro

Transaction ID: 17-1616
Date of Disbursement

Mailing Address 1518 N Spurgeon Apt # 306

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Santa Ana State CA Zip Code 92701

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraiser Management Fee

003
Category/
Type

300.00

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Antonio Castro

Transaction ID: 17-1633
Date of Disbursement

Mailing Address 1518 N Spurgeon Apt # 306

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	0

City Santa Ana State CA Zip Code 92701

Amount of Each Disbursement this Period

Purpose of Disbursement
Fundraiser Management Fee

003
Category/
Type

180.00

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

1167.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Fred M. Cruz

Transaction ID: 17-3866-N
Date of Disbursement

Mailing Address 845 E 6th St. Apt 5

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	0

City State Zip Code
Long Beach CA 90802

Amount of Each Disbursement this Period

219.50

Purpose of Disbursement
In-Kind: Printing
Candidate Name

Category/ Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
David L. Gould Company

Transaction ID: 17-1618
Date of Disbursement

Mailing Address 555 So. Flower St., Ste. 4210

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Los Angeles CA 90071

Amount of Each Disbursement this Period

24.00

Purpose of Disbursement
Office Expenses
Candidate Name

001 Category/ Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
David L. Gould Company

Transaction ID: 17-1619
Date of Disbursement

Mailing Address 555 So. Flower St., Ste. 4210

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City State Zip Code
Los Angeles CA 90071

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Political Reporting Services
Candidate Name

001 Category/ Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

493.50

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

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 So. Flower St., Ste. 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Political Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-1621 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 So. Flower St., Ste. 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Political Reporting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-1628 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 750.00
C.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 So. Flower St., Ste. 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-1631 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 237.64

SUBTOTAL of Disbursements This Page (optional)	1237.64
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) David L. Gould Company Mailing Address 555 So. Flower St., Ste. 4210 City Los Angeles State CA Zip Code 90071 Purpose of Disbursement Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-1632 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0	Amount of Each Disbursement this Period 221.60
B.	Full Name (Last, First, Middle Initial) Frank Dawoodjee Mailing Address 8561 Desoto Ave. #190 City Canoga Park State CA Zip Code 91304 Purpose of Disbursement Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-1620 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0	Amount of Each Disbursement this Period 50.00
C.	Full Name (Last, First, Middle Initial) Frank Dawoodjee Mailing Address 8561 Desoto Ave. #190 City Canoga Park State CA Zip Code 91304 Purpose of Disbursement Office Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17-1626 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional)	571.60
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Hang-M-Hi</p> <p>Mailing Address 10822 Woodward Ave.</p> <p>City Sunland State CA Zip Code 91040</p> <p>Purpose of Disbursement Sign Posting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-1625 Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>004 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) E. Peter Mathews</p> <p>Mailing Address 3701 Vermont Street</p> <p>City Long Beach State CA Zip Code 90814-2753</p> <p>Purpose of Disbursement Reimbursement: Office Expenses Candidate Name E. Peter Mathews</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-1617 Date of Disbursement 04 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 135.00</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1808 W 7th St</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-1641-S Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 741.00</p> <p>004 Category/ Type</p> <p>[MEMO ITEM] SUBVENDOR to E. Peter Mathews</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2635.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 1808 W 7th St

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Postage

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-1642-S

Date of Disbursement

05 / 07 / 2010

Amount of Each Disbursement this Period

1211.91

[MEMO ITEM]

SUBVENDOR to E. Peter Mathews

B.

Full Name (Last, First, Middle Initial)
The Union Press

Mailing Address 2 Cupaina Circle

City Monterey Park State CA Zip Code 91755

Purpose of Disbursement
Printing

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-1643-S

Date of Disbursement

05 / 08 / 2010

Amount of Each Disbursement this Period

2206.43

[MEMO ITEM]

SUBVENDOR to E. Peter Mathews

C.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 1808 W 7th St

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Postage

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17-1644-S

Date of Disbursement

05 / 10 / 2010

Amount of Each Disbursement this Period

683.57

[MEMO ITEM]

SUBVENDOR to E. Peter Mathews

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Copyco</p> <p>Mailing Address 2155 N. Bellflower Blvd.</p> <p>City Long Beach State CA Zip Code 90815</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-1639-S</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>[MEMO ITEM] SUBVENDOR to Eapen Peter Mathews</p>
<p>B. Full Name (Last, First, Middle Initial) The Union Press</p> <p>Mailing Address 2 Cupaina Circle</p> <p>City Monterey Park State CA Zip Code 91755</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-1613</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) The Union Press</p> <p>Mailing Address 2 Cupaina Circle</p> <p>City Monterey Park State CA Zip Code 91755</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17-1614</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="7604.74"/>

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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Chaitanya Dave

Transaction ID: 19b-1636
Date of Disbursement

Mailing Address 2221 Daladier Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

City Palos Verdes Estat State CA Zip Code 90275

Amount of Each Disbursement this Period

Purpose of Disbursement
Loan Payment (Principal)

Category/
Type

1899.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Chaitanya Dave

Transaction ID: 19b-1634
Date of Disbursement

Mailing Address 2221 Daladier Dr

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	0

City Palos Verdes Estat State CA Zip Code 90275

Amount of Each Disbursement this Period

Purpose of Disbursement
Loan Payment (Principal)

Category/
Type

601.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Nicholas E. Dibs

Transaction ID: 19b-1629
Date of Disbursement

Mailing Address P.O. Box 17554

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	0

City Long Beach State CA Zip Code 90807-7554

Amount of Each Disbursement this Period

Purpose of Disbursement
Loan Payment (Principal)

Category/
Type

800.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3300.00

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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input checked="" type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Nicholas E. Dibs

Transaction ID: 19b-0
Date of Disbursement

Mailing Address P.O. Box 17554

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	0

City State Zip Code
Long Beach CA 90807-7554

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Loan Payment (Principal)

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

4100.00

**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 20 / 119

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
E. Peter Mathews

Mailing Address 3701 Vermont Street

City Long Beach State CA Zip Code 90814-2753

Purpose of Disbursement
Loan Payment (Principal)

Candidate Name
E. Peter Mathews

Office Sought: House
 Senate
 President
State: CA District: 37

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 19a-1623
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y 05 15 1998
 Date Due: 20051231
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="10000.00"/>
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)

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

PAGE 22 / 119

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C10-15-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 06 D D 29 Y Y Y Y 1998	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" 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)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y Secured: Yes No
 06 30 1998 20051231 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 24 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-16-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 30 Y Y Y Y 1998	20061231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="150.00"/>
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)
MATHEWS FOR CONGRESS

Transaction ID: C10-26-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY 02 05 1999
 Date Due: 20061231
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 26 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-22-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	650.00	100.00

TERMS

Date Incurred MM DD YY 03 16 1999	Date Due 20061231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	----------------------------	---

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="100.00"/>
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	PAGE 27 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C10-24-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4050.00	0.00	4050.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 8 Y Y Y Y 1 9 9 9	20061231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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: C10-25-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="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)
MATHEWS FOR CONGRESS

Transaction ID: C10-27-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
750.00	0.00	750.00

TERMS

Date Incurred: MM DD YY 12 09 1999
 Date Due: 20061231
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 30 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-28-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	3200.00	26800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 2 Y Y Y Y 2 0 0 0	20061231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-30-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred: MM DD YY Y Y Y Y Secured: Yes No
 03 08 2000 20061231 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="150.00"/>
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	PAGE 32 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-34-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
420.00	0.00	420.00

TERMS

Date Incurred M M 0 4 D D 0 7 Y Y Y Y 2 0 0 0	Date Due 20061231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/YY 08/14, Date Due: 20051231, Interest Rate: 0% (apr), Secured: Yes No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-36-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/YY 08/23 2000
 Date Due: 20051231
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 35 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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:
M M 09 D D 13 Y Y Y Y 2000	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 36 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C10-38-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 0 1 D D 1 0 Y Y Y Y 2 0 0 2	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 37 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-46-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 MM DD YY Y Y Y Y 03 08 2002	Date Due 20061231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	700.00
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	PAGE 38 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 MM DD YY 03 09 2002	Date Due 20061231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1500.00
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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-45-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

TERMS

Date Incurred: MM DD YY YY YY YY
 04 08 2002
 Date Due: 20051231
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 40 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-47-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
115.00	0.00	115.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 3 Y Y Y Y 2 0 0 2	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="1400.00"/>
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	PAGE 42 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M M 06 D D 07 Y Y Y Y 2002	Date Due 20061231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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: C10-50-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="600.00"/>
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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM 08 DD 05 YYYY 2002 Date Due: 20061231 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	2800.00
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)

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

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/09 DD/04 YY/20 YY/02 Date Due: 20051231 Interest Rate: 0 % (apr) Secured: Yes No

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

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

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

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y Secured: Yes No
 11 05 2002 20051231 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="200.00"/>
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	PAGE 47 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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:
M M 0 2 D D 0 3 Y Y Y Y 2 0 0 3	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 48 / 119
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-55-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) Eapen Peter Mathews	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 E Vermont St	
City Long Beach State CA ZIP Code 90814	

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:
<input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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: C10-56-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
Eapen Peter Mathews

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 E Vermont St

City Long Beach State CA ZIP Code 90814

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

TERMS

Date Incurred: MM DD YY YY YY YY Secured: Yes No
 04 11 2003 20051231 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="200.00"/>
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)
MATHEWS FOR CONGRESS

Transaction ID: C10-58-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY 08 29 2003
 Date Due: 20061231
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 51 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 0 1 D D 2 7 Y Y Y Y 2 0 0 4	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

FOR LINE NUMBER:
(check only one) 13a
 13b

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 1 Stagecoach Ln.

City Huntington Station State NY ZIP Code 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 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="2000.00"/>
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	PAGE 53 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 MM DD YY YY 04 01 2004	Date Due 20051231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1500.00
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	PAGE 54 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 MM DD YY 04 07 2004	Date Due 20051231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-66-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/YY 04/19 Date Due: 20051231 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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	PAGE 56 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M M 05 D D 27 Y Y Y Y 2004	Date Due 20051231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 57 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 07 D D 14 Y Y Y Y 2004	20051231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 58 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M M 08 D D 09 Y Y Y Y 2004	Date Due 20051231	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	----------------------------	---

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

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

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

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y Secured: Yes No
 10 07 2004 20051231 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="535.00"/>
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)

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

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y Secured: Yes No
 11 05 2004 20061231 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="400.00"/>
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)
MATHEWS FOR CONGRESS

Transaction ID: C10-75-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
900.00	0.00	900.00

TERMS

Date Incurred: MM DD YY Y Y Y Y 04 29 2005
 Date Due: 20060429
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

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

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

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/06 DD/02 YY/05 YY/05 Date Due: 20060602 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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)
MATHEWS FOR CONGRESS

Transaction ID: C10-77-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y Secured: Yes No
 09 15 2005 20060915 Interest Rate: 0 % (apr)

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

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

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/YY 10/07 Date Due: 20061007 Interest Rate: 0 % (apr) Secured: Yes No

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

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

Transaction ID: C10-79-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="350.00"/>
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)

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

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/ DD / YYYY = 10 / 31 / 2005
Date Due: 20061031
Interest Rate: 0 % (apr)
Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	1100.00
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)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: M M 1 1 D D 3 0 Y Y Y Y 2 0 0 5
 Date Due: 20061130
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-82-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: M M 1 2 D D 1 5 Y Y Y Y 2 0 0 5
 Date Due: 20061215
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-83-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street		
City Long Beach	State CA	ZIP Code 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 M 1 2	D D 1 6	Y Y Y Y 2 0 0 5	20061216
		0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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) ▶	<input type="text" value="20.00"/>
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	PAGE 70 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 03 D D 10 Y Y Y Y 2006	20070310	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1000.00
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)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-85-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: M M 03, D D 24, Y Y Y Y 2006
 Date Due: 20070324
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 72 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 03 D D 29 Y Y Y Y 2006	20070329	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	600.00
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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-87-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110.00	0.00	110.00

TERMS

Date Incurred: MM/04 DD/05 YY/20 YY/06
 Date Due: 20070405
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y 04 13 2006
 Date Due: 20070413
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="600.00"/>
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	PAGE 75 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-90-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 4 D D 2 0 Y Y Y Y 2 0 0 6	20070420	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	50000.00
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	PAGE 76 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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:
M M 09 D D 22 Y Y Y Y 2006	20070922	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 77 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-93-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 1 1 D D 0 8 Y Y Y Y 2 0 0 6	20071108	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1000.00
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)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="240.00"/>
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)

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

FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-95-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: 20071201

Interest Rate: 0 % (apr)

Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="50.00"/>
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)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 80 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 0 1 D D 1 6 Y Y Y Y 2 0 0 7	20080116	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-97-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
360.00	0.00	360.00

TERMS

Date Incurred: MM 03 DD 06 YY 2007 Date Due: 20080306 Interest Rate: 0 % (apr) Secured: Yes No

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

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

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-104-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼
Special General 2007

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/07 DD/03 YY/07 YY/07
Date Due: 20080702
Interest Rate: 0 % (apr)
Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/YY 07/2007 Date Due: 20080720 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 84 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-106-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 08 D D 03 Y Y Y Y 2007	20080802	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1000.00
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)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-107-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/YY 08/2007 Date Due: 20080819 Interest Rate: 0 % (apr) Secured: Yes No

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

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

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y 02 08 2008
Date Due: 20090207
Interest Rate: 0 % (apr)
Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="1000.00"/>
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)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 87 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C10-110-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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:
<input type="checkbox"/> M <input type="checkbox"/> D 04	20090404	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	400.00
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)
MATHEWS FOR CONGRESS

Transaction ID: C10-114-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
Brent T Federico

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 80 Bennett Avenue, Apt. 1

City Long Beach State CA ZIP Code 90803

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	750.00	250.00

TERMS

Date Incurred: MM 05 DD 26 YYYY 2008
 Date Due: 20090526
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-115-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) Anil Kumar	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 10370 Northvale Rd.	
City Los Angeles State CA ZIP Code 90064	

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

Date Incurred MM DD YY YY 05 28 2008	Date Due 20090528	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 90 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C10-117-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	800.00	200.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 06 Y Y Y Y 2008	20090606	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 91 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-118-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70.00	0.00	70.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 07 D D 30 Y Y Y Y 2008	20090730	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/08 DD/29 YY/2008 Date Due: 20090829 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	2300.00
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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM DD YY Y Y Y Y Secured: Yes No
 10 06 2008 20091006 Interest Rate: 0 % (apr)

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="375.00"/>
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	PAGE 94 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-121-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 MM DD YY YY 04 07 2009	Date Due 20100407	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-122-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350.00	0.00	350.00

TERMS

Date Incurred: MM/YY 06/02 2009
 Date Due: 20100602
 Interest Rate: 0 % (apr)
 Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
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	PAGE 96 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-124-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 90814-2753	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60.00	0.00	60.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 0 2 D D 0 2 Y Y Y Y 2 0 1 0	20110202	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="60.00"/>
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	PAGE 97 / 119
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-125-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) Nicholas E. Dibs	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 17554	
City Long Beach State CA ZIP Code 90807-7554	

Original Amount of Loan 2400.00	Cumulative Payment To Date 1600.00	Balance Outstanding at Close of This Period 800.00
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TERMS

Date Incurred MM DD YY YY 02 11 2010	Date Due 20110211	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="800.00"/>
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)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 98 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

NAME OF COMMITTEE (In Full)
 MATHEWS FOR CONGRESS

Transaction ID: C10-126-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 0 2 D D 1 7 Y Y Y Y 2 0 1 0	20110217	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

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

TERMS

Date Incurred: MM DD YYYY Date Due: Interest Rate: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="500.00"/>
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)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 100 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

LOANS

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: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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:
M M 0 4 D D 0 2 Y Y Y Y 2 0 1 0	20110402	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	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	PAGE 101 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-130-LR

LOAN SOURCE Full Name (Last, First, Middle Initial) E. Peter Mathews - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3701 Vermont Street	
City Long Beach State CA ZIP Code 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 M 0 4 D D 0 2 Y Y Y Y 2 0 1 0	20110402	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	1000.00
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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-132-LR

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2221 Daladier Dr

City Palos Verdes Estat State CA ZIP Code 90275

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1899.00	1899.00	0.00

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
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)	<input type="text" value="0.00"/>
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)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-133-LR

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 2221 Daladier Dr

City Palos Verdes Estat State CA ZIP Code 90275

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
601.00	601.00	0.00

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-134-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 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: MM/05 DD/04 YY/YY 2010 Date Due: 20110504 Interest Rate: 0 % (apr) Secured: Yes No

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

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

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
MATHEWS FOR CONGRESS

Transaction ID: C10-135-LR

LOAN SOURCE Full Name (Last, First, Middle Initial)
E. Peter Mathews - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 3701 Vermont Street

City Long Beach State CA ZIP Code 90814-2753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred: MM/YY 05/14 Date Due: 2010514 Interest Rate: 0 % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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)	▶	185080.21

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)

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 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 0.00	Transaction ID: D10-1989-V	
Amount Incurred This Period 1461.67	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	Nature of Debt (Purpose): Events
Mailing Address 8092 Ainsworth Ln	
City State ZIP Code La Palma CA 90623	

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	Nature of Debt (Purpose): Interest payable on Loan
Mailing Address 333 S Beaudry St 18th Fl	
City State ZIP Code Los Angeles CA 90017	

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	Nature of Debt (Purpose): Signs
Mailing Address 11343 Steward Street	
City State ZIP Code El Monte CA 91731	

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)

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 Call America			Nature of Debt (Purpose): Long distance phone charges
Mailing Address 2530 E Lacadena Dr			
City Riverside	State CA	ZIP Code 92507	

Outstanding Balance Beginning This Period <input type="text" value="2010.97"/>		Transaction ID: D10-72-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 Santa Ana	State CA	ZIP Code 92701	

Outstanding Balance Beginning This Period <input type="text" value="159.72"/>		Transaction ID: D10-2583-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="159.72"/>	

C. 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 Inglewood	State CA	ZIP Code 90301	

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2584.47"/>
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 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 8.74	Transaction ID: D10-2985-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Gould Company	Nature of Debt (Purpose): Political Reporting Services
Mailing Address 555 So. Flower St., Ste. 4210	
City State ZIP Code Los Angeles CA 90071	

Outstanding Balance Beginning This Period 16696.85	Transaction ID: D10-17-V	
Amount Incurred This Period 250.00	Payment This Period 1471.60	Outstanding Balance at Close of This Period 15475.25

C. 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 0.00	Transaction ID: D10-763-V	
Amount Incurred This Period 1250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1250.00

1) SUBTOTALS This Period This Page (optional).....	▶	16733.99
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 110 / 119
	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 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 <input type="text" value="54.13"/>	Transaction ID: D10-1916-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="54.13"/>

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6213.98"/>
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 Hang-M-Hi			Nature of Debt (Purpose): Sign Posting
Mailing Address 10822 Woodward Ave.			
City Sunland	State CA	ZIP Code 91040	

Outstanding Balance Beginning This Period <input type="text" value="3450.00"/>		Transaction ID: D10-2088-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="950.00"/>	

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 Los Angeles	State CA	ZIP Code 90071	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID: D10-1932-V	
Amount Incurred This Period <input type="text" value="1250.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1250.00"/>	

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 Stockton	State CA	ZIP Code 95206	

Outstanding Balance Beginning This Period <input type="text" value="258.00"/>		Transaction ID: D10-473-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="258.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2458.00"/>
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 Long Beach Press-Telegram			Nature of Debt (Purpose): Subscription
Mailing Address PO Box 93106			
City Long Beach	State CA	ZIP Code 90809-3106	

Outstanding Balance Beginning This Period <input type="text" value="10.15"/>		Transaction ID: D10-1155-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10.15"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="211.86"/>		Transaction ID: D10-471-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="211.86"/>	

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

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

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="555.55"/>
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 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 500.00	Transaction ID: D10-457-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor E. Peter Mathews	Nature of Debt (Purpose): Office Expenses
Mailing Address 3701 Vermont Street	
City State ZIP Code Long Beach CA 90814-2753	

Outstanding Balance Beginning This Period 97183.53	Transaction ID: D10-0-V	
Amount Incurred This Period 5031.54	Payment This Period 135.00	Outstanding Balance at Close of This Period 102080.07

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 0.00	Transaction ID: D10-1820-V	
Amount Incurred This Period 500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00

1) SUBTOTALS This Period This Page (optional).....	103080.07
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 Metrocall	Nature of Debt (Purpose):
Mailing Address 444 E Huntington Dr # 150	
City State ZIP Code Arcadia CA 91006	

Outstanding Balance Beginning This Period 177.16	Transaction ID: D10-480-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 177.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Norwalk Printing	Nature of Debt (Purpose): Printing
Mailing Address 12014 E Rosecrans Ave	
City State ZIP Code Norwalk CA 90650	

Outstanding Balance Beginning This Period 1301.35	Transaction ID: D10-90-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1301.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dick O'Dell	Nature of Debt (Purpose):
Mailing Address 12750 Centralia Street	
City State ZIP Code Lakewood CA 90715	

Outstanding Balance Beginning This Period 163.25	Transaction ID: D10-474-V	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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			Nature of Debt (Purpose):
Mailing Address PO Box 85390			
City Louisville	State KY	ZIP Code 40285	

Outstanding Balance Beginning This Period		Transaction ID: D10-478-V	
<input type="text" value="7.83"/>			
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="7.83"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Print Well			Nature of Debt (Purpose):
Mailing Address 30030 Mission Blvd			
City Hayward	State CA	ZIP Code 94544	

Outstanding Balance Beginning This Period		Transaction ID: D10-86-V	
<input type="text" value="77.32"/>			
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="77.32"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor SAAB Travel & Tours			Nature of Debt (Purpose): Travel Expenses
Mailing Address 17134 Devonshire St Ste # 201			
City Northridge	State CA	ZIP Code 91325	

Outstanding Balance Beginning This Period		Transaction ID: D10-855-V	
<input type="text" value="2278.00"/>			
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="2278.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2363.15"/>
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 Seaside Printing Company Inc.			Nature of Debt (Purpose): Printing
Mailing Address 1220 E Fourth St			
City Long Beach	State CA	ZIP Code 90802	

Outstanding Balance Beginning This Period <input type="text" value="214.85"/>		Transaction ID: D10-1518-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="214.85"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bobbie Singh			Nature of Debt (Purpose): Commission & expenses
Mailing Address 2401 Donner Way			
City Sacramento	State CA	ZIP Code 95818	

Outstanding Balance Beginning This Period <input type="text" value="400.00"/>		Transaction ID: D10-973-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="400.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Southern CA Edison			Nature of Debt (Purpose): Utility Service
Mailing Address PO Box 600			
City Rosemead	State CA	ZIP Code 91771-0001	

Outstanding Balance Beginning This Period <input type="text" value="259.49"/>		Transaction ID: D10-89-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="259.49"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="874.34"/>
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 Sprint PCS			Nature of Debt (Purpose): Cell Phone
Mailing Address PO Box 79357			
City City of Industry	State CA	ZIP Code 91716-9357	

Outstanding Balance Beginning This Period <input type="text" value="1029.07"/>		Transaction ID: D10-1420-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1029.07"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Staples			Nature of Debt (Purpose): Office supplies
Mailing Address 4600 Pacific Coast Highway			
City Long Beach	State CA	ZIP Code 90804	

Outstanding Balance Beginning This Period <input type="text" value="2008.51"/>		Transaction ID: D10-83-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2008.51"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stationery Place			Nature of Debt (Purpose): Printing
Mailing Address 1327 W 12th PI			
City Los Angeles	State CA	ZIP Code 90015	

Outstanding Balance Beginning This Period <input type="text" value="950.00"/>		Transaction ID: D10-59-V	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="950.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3987.58"/>
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 Target Mailing Services, Inc.			Nature of Debt (Purpose): Mailing Services
Mailing Address 1905 S Mountain Ave			
City Monrovia	State CA	ZIP Code 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 Mission Hills	State CA	ZIP Code 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 Phoenix	State AZ	ZIP Code 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)	PAGE 119 / 119	
	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 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 Atlanta	State GA	ZIP Code 30374	

Outstanding Balance Beginning This Period		Transaction ID: D10-66-W	
1469.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1469.13	

1) SUBTOTALS This Period This Page (optional).....	1469.13
2) TOTALS This Period (last page this line number only).....	157695.24
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	185080.21
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	342775.45