

Office of General Counsel  
Federal Election Commission  
1050 First Street, NE  
Washington, DC 20463  
30 OCTOBER 2019

RECEIVED  
FEC MAIL CENTER  
2019 NOV 12 AM 9:49

Office of General Counsel

MUR # 7662

I write to request your attention to the matters discussed herein.

I seek to file a complaint with the Federal Election Commission regarding "DR. LISA SPARKS FOR CONGRESS" as I believe an inappropriate contribution has been made to this account.

I request that The Office of General Counsel (OGC) review this complaint and determine whether it states a violation within the FEC's jurisdiction and satisfies the criteria for a proper complaint.

My name is Paul Yang and I resident at Diamond Bar, CA91765

According to the filing report for "DR. LISA SPARKS FOR CONGRESS" a \$2,800 contribution was made by "ELENA E. BETHEA NEWPORT BEACH, CA 92660." Ms. Betha is listed as a "STUDENT" and I have learned is related to the candidate. The ability of a full-time student to be able to donate \$2,800 to a political campaign merits scrutiny. This information is based on personal knowledge and public record.

While citations to the law and regulations are not required, I do believe this contribution is coordinated. I am enclosing a copy of the FEC contribution report as documentation supporting the allegation.

I look forward to your review.

Paul Yang

signed and sworn to before me and affirmed the under penalty of perjury.

2019 NOV 21 PM 7:19  
OFFICE OF  
GENERAL COUNSEL

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of LOS ANGELES )  
On OCT 30TH 2019 before me, TINA L CHEN, NOTARY PUBLIC,  
Date Here Insert Name and Title of the Officer  
personally appeared — PAUL YANG —  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature \_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Federal Election Comm Document Date: 10/30/19  
Number of Pages: 1 Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  Partner —  Limited  General  
 Individual  Attorney in Fact  Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

Image# 201907159150936221

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

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

FOR LINE NUMBER: PAGE 30 OF 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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

NAME OF COMMITTEE (In Full)  
**Dr. Lisa Sparks for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stone, Lauren, , ,**

Mailing Address 1001 Dove St

City <b>Newport Beach</b>	State <b>CA</b>	Zip Code <b>92660</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>None</b>	Occupation <b>Homemaker</b>
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Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2019

**Transaction ID : INCA232**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Struppa, Daniele C., , ,**

Mailing Address 28 Canyon Fairway Dr

City <b>Newport Beach</b>	State <b>CA</b>	Zip Code <b>92660</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>Chapman University</b>	Occupation <b>President</b>
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Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2019

**Transaction ID : INCA233**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2800.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bethea, Elena E., , ,**

Mailing Address 28 Canyon Fairway Dr

City <b>Newport Beach</b>	State <b>CA</b>	Zip Code <b>92660</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer <b>None</b>	Occupation <b>Student</b>
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Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2019

**Transaction ID : INCA253**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 6600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____