# NOTO ON LIB ON OONSTOOL

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED TENTER 2019 JUL 15 AM 10: 28

FEC FORM 3X

Rev. 12/2004

Office Use Only

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	than previously reported. (ACC)	NA	TPA					CA	945	<u> ទ</u>	<u> </u>
2.	FEC IDENTIFICATION NU	MBER	▼	CITY ▲		<u> </u>		STATE A		ZIP COI	DE 🛦 .
	C 0045565	7		3. IS THIS REPORT	. /	NEW (N) C	R		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	F	fonthly teport	Feb 20 (M2)	ing and the second of the seco	May 20 (	M5)	Αι	ig 20 (M8)	The street of th	Nov-20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		ue On:	Mar 20 (M3)		Jun 20 (N	<b>46</b> )	Se	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M	17)	0	ct 20 (M10)		Jan 31 (YE)
	Quarterly Report (Q July 15	. (0	) 12-Day <b>PRE</b> -EI		Primary (	12P)		Gener	al (12G).		Runoff (12R)
	October 15 Quarterly Report (Q:		Report	for the:	Convention	on (12C)		Specia	l (12S)		
	January 31 Year-End Report (Yi	≣)		Election on	** **	2 7			•	in the State o	f
	July 31 Mid-Year Report (Non-election Year Only) (MY)	) (c	POST-	Election for the:	General	(30G)		<sup>'</sup> Runof	(30R)		Special (30S)
	Termination Report (TER)		переп	Election on	**	: .				in the State o	1
Ту	ertify that I have examined this pe or Print Name of Treasures gnature of Treasurer	s Repo				nd belief it	is tr	30, 2		ete.	19

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

FE8AN026

Office

Use

Only

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ハノハヤハ	グルハルアツ	REPUBLICAN	DE TENNI	AAMMITTIE
IVAPA	(	CEPIJE ILEM	( / X / I V LY	
• • / / / /		~~! ~~!~!~!		

_	TOTAL COOM T RET	DELICITY CONTRACT	Ommi Ties
Re	epart Covering the Period: From:	9 2019 TO	06 30 2019
		COLUMN Á This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand  January 1,		4,19.2.00
	(b) Cash on Hand at Beginning of Reporting Period	2.5.0.5.0.0	
	(c) Total Receipts (from Line 19)	4.3.4.8.0.0	2 1. O. 2. 2. <b>3</b> , OO
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6.8.53.00	1.4,4,05,00
7.	Total Disbursements (from Line 31)	325,00	7.877.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6.5.28.0.0	6.5.28.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	6	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6	
_			

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

0019-07-15-0M-00184003

### FEC Form 3X (Rev. 06/2004)

### **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name

NAPA COUNTY REPUT	BLICAN CENTRAL CO.	MMITTEE
Report Covering the Period: From	7 01 2019 To	66 30 2019
i. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1767 00	2915,00
(i) Itemized (use Schedule A)	1320-00	4113 600
(ii) Uniternized	, 229.00	. 229.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	1549.00	3144.00
(b) Political Party Committees	3100.00	8975.00
(c) Other Political Committees		<b>A</b>
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	4.649.00	1-21-19.00
12. Transfers From Affiliated/Other		
Party Committees	, 2000,00	, 2000.00
A All Long Book and		
13. All Loans Received		
t 4 Land Durante Specified	A.	
Loan Repayments Received     Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	P.	I A
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	<i>A</i>	0
17. Other Federal Receipts		
(Dividends, Interest, etc.)		L. Comments of the comments of
<ol> <li>Transfers from Non-Federal and Levin Fund.</li> <li>Non-Federal Account</li> </ol>		
(from Schedule H3)	1.019.00	101900
(NOM OCHECOD TO)	7.01.1.00	
(b) Levin Funds (from Schedule H5)	A.	<b>A</b>
(b) Levan railes (alori dellocato rio)		
(c) Total Transfers (add 18(a) and 18(b))	. 1019.00	. 1,01900
19. Total Receipts (add Lines 11(d),	<del></del>	The second secon
12, 13, 14, 15, 16, 17, and 18(c))▶	7663.00	15138.00
an market and a second to		
20. Total Federal Receipts	66 4 9.00	1:4110:10
(subtract Line 18(c) from Line 19)▶	60 7 1.00	1.7117.00

2019-07-15-05-00284003

FEC Form 3X (Rev. 02/2003)

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Outeridat Tear-to Bate
	Activity (from Schedule H4)		
	(i) Federal Share	32.5.0.0	1871.00
	(ii) Non-Federal Share	. 8	P
	(b) Other Federal Operating		
	Expenditures	A	<b>A</b>
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	3.2.5.00	7577.00
22.	Transfers to Affiliated/Other Party		22
	Committees Contributions to		
j ·	Federal Candidates/Committees		
	and Other Political Committees	1, n, E, e,	The state of the s
	Independent Expenditures	A	
25.	Coordinated Party Expenditures		
1.	(use Schedule E)	₽.	9
	,		
26.	Loan Repayments Made		
	44		
27. 28	Loans MadeRefunds of Contributions To:		
	(a) Individuals/Persons Other		6
	Than Political Committees		<u> </u>
	(b) Political Party Committees	<i>A</i> .	0
	(c) Other Political Committees		
	(such as PACs)	0	
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	4.4.	
100	Oll as Bishassasas		
29. 	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))	· ·	,
	(a) Allocated Federal Election Activity	2- <del></del>	•
_j	(from Schedule H6)		
	(i) Federal Share	<u> </u>	
	(ii) "Levin" Share	97.	
	(b) Federal Election Activity Paid Entirely	22800	375 (1)
	With Federal Funds		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	305.00	375 0
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30 5.00	751700
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	from Line 31)	325.00	7.8,7.7,00
			•

### **DETAILED SUMMARY PAGE**

of Disbursements

COLUMN B
Total This Period

Calendar Year-to-Date

12119.00

1219.00

1219.00

1219.00

7877.00

Page 5

FEC Form 3X (Rev. 02/2003)

(from Line 15, page 3).....

Net Operating Expenditures

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF /5 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NAPA COUNTY REPU	tatements may not be sold or used by any per name and address of any political committee in TSLICAN CENTRAL (	to solicit contributions from such committee.
A. Name (Last First, Middle Initial)  Mailing Address	STRECT State Zip Code CA 97559	Date of Receipt  O.4 / O.3 / 2.019  Amount of Each Receipt this Period
federal political committee.  Name of Employer  NONE  Receipt For:  Primary General  Other (specify)   JOINT FUND RAISER  Full Name (Leat Siret Middle Initial)	Occupation FIDUSE WIFE  Aggregate Year-to-Date ▼  , 246.00	24.0.00
MEDOWALD 1207 Mailing Address 3707 ELLETY 0	UAY State Zip Code CA 9455%	Date of Receipt  OT 03 2019  Amount of Each Receipt this Period
City  City  FEC ID number of contributing federal political committee.  Name of Employer  Feceipt For:  Primary  Other (specify)   Other (specify)	Occupation  NONE  Aggregate Year-to-Date   12.50.00	2.5 0.00
C. Full Name Last First Middle Initial)  Mailing Address  City  NAPA	•	Date of Receipt  2019
FEC ID number of contributing federal political committee.  Name of Employer  MOSIL MAGIC  Receipt For:  Primary General  Other (specify)	©ccupation  FINANCIAL ADVISOR  Aggregate Year-to-Date ▼ 320.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1 3 20 m

ITEMIZED RECEIPTS		Use separate schedule(e) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 75 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Pull)	tatements ma name and a	ly not be sold or used by any pe ddress of any political committee	reon for the purpose of soliciting contributions to solicit contributions from such committee.
NAPA COUNTY LEF	UBLIC	AN CENTRAL	COMMITTEE
Full Name (Last First Middle Initial) LIPTR	RY		Date of Receipt
Melling Address 7 PAMANDA C	WUR'		04 08 2019
NAPA CA	State	24 55 9	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C!		270.00
STAN FORD UNIVERSITY Receipt For:		CE DFACER	
Primary General  Z. Other (specify)   SOINT FUND TRAISER	Aggregate	Year-to-Date ▼ . 350.00	
Full Name (Lest, First, Middle Initial)  B	Date of Receipt		
653 TEASDALE	ROAT State	) Zip Code	189 189 12019
YUBA CITY	CA	95991	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		240.00
rederal political committee.  Name of Employer	Occupation N (2)	_	
Receipt For:  Primary General  Other (specify)	Aggregate -	Year-to-Date ▼	
POR Name (Last, First, Middle Initial)			Date of Recept
Mailing Address		and the second section of the section of th	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ♥	
SUBTOTAL of Receipts This Page (optional)			\$10.00
TOTAL This Period (fast page this line number	only)		1.320.00

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6	CHEDULE B (FEC Form 3)	٧١ -													
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IT	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			(check onl									
		1	Detailed Summa		1	L - I	21b	22		23	24		25	<b>26</b>	
							27	28a		285	28c		29	300	
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	NAME OF COMMITTEE (In Full)	·			·										
1)	•														
L	NAPA COUNTY RO	PUBL	ICAN C	ENTR	X		<u>CO</u>	<u>YM]7</u>	K	E					
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	Candidate Name	_ <u> </u>	ENT.		<u></u>		_ [	MINUM	01	L-401)	اه الالادات		י פוניו		
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	President		Other (specify)				- 1								
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	City	S	tate Zip C	ade											
	Purpose of Disbursement				7		-								
								Amour	nt of	Each	Disburs	ement	this I	Period	
	Candidate Name	$\overline{}$			Cat	egor	<b>~</b>						-	1	
						ype									
	Office Sought: House	Disbursens													
	Senate	3 1		General			İ								
	President		Other (specify) 🔻	•											
	State: District:														
	Full Name (Last, First, Middle Initial)			<u> </u>											
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	City	S	tate Zip C	ebo			7								
	Summer of Shahara			·											
	Purpose of Disbursement						<b>-1</b>		\						
	Candidata Nama		<del></del>		Ĺ		_	Amour	nt oi	Each	Disburs	ement	this	Period	
	Candidate Name				Cal	egor	y/ 🐪				$\overline{}$				
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	Office Sought: House	Disburser		0			1				`				
	Senate	L1		General								1			
	President District	( )	Other (specify)	,			. }								

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

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

### SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) PAGE

**9** OF

	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)	
NAPA COUNTY REPUBLICAN NOAN SOURCE Full Name (Last, First, Middle Initial)	CENTERL COMMITTEE
COAN SOURCE Full Name (Last, First, Middle Initial)	
	Primary General
Mailing Address	Other (specify)
I maining Address	Since (Speeding)
City State ZIP Co	de
Original Amount of Loan Cumulative Payment To	- · · · · · · · · · · · · · · · · · · ·
contemporary angularity angularit	
TERMS	
Date Incurred Date Due	Interest Rate Secured:    Yes No
List All Endorsers or Guarantors (N. any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	<u>'</u>
	Amount gradule separate and enterprise separate and enterprise separate
City State ZIP Oode	Guaranteed for the second seco
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount நல்ல நடிக்கது. அது கூற கழ்கையுக்கது கடிக்கது கூற Guaranteed
	Outstanding: how has been the without and book out and
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailine Address	0
Mailing Address	Occupation
	Amount part
City State ZIP Code	Guaranteed
	Outstanding: has been subject to the
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount grantering would unit to the particle of
City State ZIP Code	Guaranteed Outstanding:
CURTOTALS This Period This Page (artispel)	A section of the second of the
SUBTOTALS This Period This Page (optional)	The state of the s
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.

2019:07
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4 0 1 0

SCHEDULE C-1 (FEC FOIN 3A)		Supplementary for				
LOANS AND LINES OF CREDIT FROM LE	ENDING INSTITUTIONS	Information found on				
Federal Election Commission, Washington, D.C. 20463		10/15 Page _ of Schedule C				
NAME OF COMMITTEE (In Full)		FEO IDENTIFICATION WINDER				
TVAINE OF COMMITTEE (III Fally)		FEC IDENTIFICATION NUMBER				
ALADA CALLED CONTOCTO	CON TOMES	C00455659				
NAPA COUNTY REPUBLI	CAN PARTY	And the Control of th				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)				
Full Name	Branchandt and a relevantamedimentary a la	ersia salvaral mersimon'amberaturas.				
	Sandand Sandan	<u> </u>				
10-10-10-10-10-10-10-10-10-10-10-10-10-1	<u> </u>					
Mailing Address	Date Incurred or Established	Many / Dags / Alakana				
	Date incurred of Established					
City State Zip Code	Date Due					
``.		Constituted Description Seem Constituted				
		Charles V Leased V Larsa calcol				
A. Has loan been restructured? No Yes	If yes, date originally incurred	lard boat borner				
B. If line of credit,	Total					
Amount of this Deans	Outstanding Balance:					
Amount of this Draw: Amount of this Draw:	Sandice.	European Control South Control Control South Control C				
C. Are other parties secondarily liable for the debt incurre	ed?					
No Yes (Endorsers and guarantors mu	ust be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the	loan: real estate, personal	What is the value of this collateral?				
property, goods, negotiable instruments, certificates of	deposit, chattel papers,	handanahand and medandan dan bankandan				
stocks, accounts receivable, cash on deposit or other	similar traditional collateral?	Septiment of the Commission of Septiment Commission of				
No Yes If yes, specify:		Does the lender have a perfected security				
		interest in it? No Yes				
E. Are any future contributions or future receipts of intere	es pome, pledged as	What is the estimated value?				
	specia	Introductions and and another desired and another and				
		Samulare about 1 hardwarf and the Samulare Darrich as				
		Committee of the second				
A depository account must be established pursuant	Location of account:					
to 11 CFR 100.82(e)(2) and 100.142(e)(2).						
Date account established:	Address:					
. M. A. W. J. V. L. D. X. D. J. V. L. D. M. L. D	City, State, Zip:					
Institute forecast beat with and						
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan						
the loan amount, state the basis upon which the loan	was made and the basis on	a accuracy repayment.				
G. COMMITTEE TREASURER		PATE				
Typed Name		- In the same of the same				
Signature		I have been been format				
H. Attach a signed copy of the loan agreement.	· · · · · · · · · · · · · · · · · · ·	<del></del>				
I. TO BE SIGNED BY THE LENDING INSTITUTION:						
I. To the best of this institution's knowledge, the te	erms of the loan and other inform	nation regarding the extension of the loan				
are accurate as stated above.						
The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the conditions).	iciuding interest rate) no more tat f comparable credit worthiness.	vorable at the time than bose imposed for				
III. This institution is aware of the requirement that	a loan must be made on a basis	which assures repayment, and has				
complied with the requirements set forth at 11 C	CHH 100.82 and 100.142 in makin					
Typed Name		DATE				
	tle	Mark Loson / Loson Andrew				
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# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

PAGE //

	9
	10

OF /5

NAME OF COMMITTEE (In Full)		
NAPA COUNTY TRE	PUBLICAN PART	<b>y</b>
X. Full Name (Last, First, Middle Initial) of Deb		Nature of Debt (Purpose):
Mailing Address		
Ivaning Address	· · · · · · · · · · · · · · · · · · ·	
City State	Zìp Code	
Outstanding Balance Beginning This Period		
Amount Incurred The Period	Payment This Period	Outstanding Balance at Close of This Period
in the interest is the desired and the line of the content of	والمستناء والمستناء والمستنادة المستنادة	name Strangth and Florentian Latinated Street Properties LECS and the series
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of Debt (Purpose):
Mailing Address	<b>&amp;</b>	
City State	Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Paymen This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Ralance at Close of This Period
and the section of th	Lynniferral State County of the County of th	mente or a construction
1) SUBTOTALS This Period This Page (optional).	· · · · · · · · · · · · · · · · · · ·	
2) TOTALS This Period (last page this line number	er only)	The American Street and Street and Street St
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	Describe Advance ( ) Send on the ord ( ) Execution that ( ) A value of the order of
4) ADD 2) and 3) and carry forward to appropriat	te line of Summary Page (last page only)	Secretization of rectification and rectification and rectifications

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE /2 OF /S FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  NATA COUNTY REPUBLICAN PARTY	FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report 48-hour report New report Amends report filed	on May / Day / Arraga
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbu	rrsement For: Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure  Category/	M T M / D T D / Y T Y T Y
Name of Federal Candidate  Shoport Office Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbu	Ursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mowith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Signature Date	[ ] ( [ [ ] ( [ ] ( ] ( ] ( ] ( ] ( ] (

# SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE			PAGE /3 OF /5
(To be used on	ly by Political Committees i	in the General Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full)		· ·	Check if
NAPA COUNTY REPL	TBLICAN PF	IRTY	24-hour notice
Nas your committee been designated to make	Full Name of Subordinate	Committee	
coordinated expenditures by a political party committee?	<b>'</b>		
If YES, name the designating committee:	Mailing Address		
	City	Sta	te ZIP Code
Full Name (Last, First, Middle Initial) of Each Payer	 :	Purpose of Expe	enditure
1			`
			Category/
Mailing Address	,	Date	Туре
City Stat	e Zip Code	NTW7 / F	7 P P P P P P P P P P P P P P P P P P P
Name of Francisco Continue Con	· · · · · · · · · · · · · · · · · · ·	b b_	
Name of Federal Candidate Supported Office Sou	ght: House State Senate Distric	e: Amount	
	Presidential		
Aggregate General Election Expenditure for this Candidate	2,		**************************************
Full Name (Last, First, Middle Initial) of Each Payer	1/11	Purpose of Expe	enditure
			Category/
Mailing Address		Date	Туре
City Stat	e Zip Code	M # M /	/ V T V T V T V
Name of Federal Candidate Supported Office Sou	· 🖂 🗆 1 🔪		
	Senate Disago	t	
Aggregate Constat Florier	Fresidendar		
Aggregate General Election Expenditure for this Candidate	den de la companya d		
Full Name (Last, First, Middle Initial) of Each Payer		Purpose of Expe	enditure
			Category/
Mailing Address .		Posts	- Туре
City Stat	e Zip Code	Date M M M	, LAMAAAA
Name of Federal Candidate Supported Office Sou	ght: House State	e: Amount	The same same same
	Senate Distric	t	-t-/-
Aggregate Congrel Florian		د استستا	المنتشنين (منصف
Aggregate General Election Expenditure for this Candidate ▶	المستأسدة المستأسسة المستأسسان		
SUBTOTAL of Expenditures This Page (optional)			
			and some frame frame frame frame frame frame
TOTAL This Period (last page this line number only)			nachamilani Fine-Sanakani Librahana

# 

# SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE	OF,
17	10

NAME OF COMMITTEE (In Full)

### NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only**: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

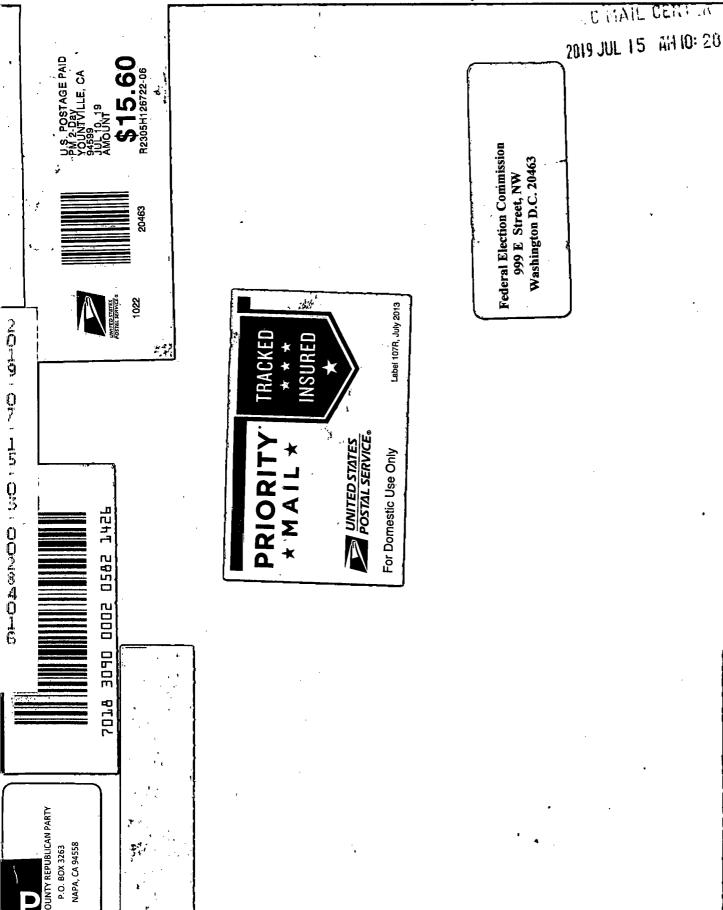
are allocated using a time/space method.		
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY S:  Fundraising Direct Candidate Support  CHECK IF THE RACIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	FEDERAL %	Nonfederal %

4

### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Fuli)			
NAPA COUNTY REPUBLICAN PARTY			
USE ONLY ONE SECTION, A or B			
A. State and Local Party Committees			
Fixed Percentage (select one)			
Presidential-Only Election Year (28% Federal)			
Presidential and Senate Election Year (36% Federal)			
Senate-Only Election Year (21% Federal)			
Non-Presidential and Non-Senate Election Year (15% Federal)			
The residential and very contact Election real (1676 Federal)			
Non thousand and von contact Election four (1676 fourth)			
B. Separate Segregated Funds and Nonconnected Committees			
B. Separate Segregated Funds and Nonconnected Committees			
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check			
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check or			
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check or  If the committee is spending more than 50% federal funds, indicate ratio below			
B. Separate Segregated Funds and Nonconnected Committees  Flat Minimum Federal Percentage  If the committee will allocate using the flat minimum percentage of 50% federal funds, check or  If the committee is spending more than 50% federal funds, indicate ratio below  Federal			



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Hand Delivered	· ···	Date of Receipt	
Postmarked USPS First Class Mail		Date of Receipt	
USPS Registered/Certified		Postmarked (R/C)	
USPS Priority Mail		Postmarked	
USPS Priority Mail Express		Postmarked	
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):		Shipping Date	
	Next Business	Day Delivery	
Received from House Records & Registration	on Office	Date of Receipt	
Received from Senate Public Records Offic	e	Date of Receipt	
Received from Electronic Filing Office		Date of Receipt	
Other (Specify):	Date of Red	ceipt or Postmarked	
BEENABER	7-15	9019 DATE PREPARED	
PREPARER (3/2015)		DATE PREPARED	