

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

We Vote - Nosotros Votamos - PPAMM Committee

ADDRESS (number and street) 555 Capitol Mall, Suite 1425

Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00527226

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 Joanne Parise

Signature of Treasurer Joanne Parise [Electronically Filed] Date 01 / 20 / 2016

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 3X (Rev. 02/2003)

Write or Type Committee Name

**We Vote - Nosotros Votamos - PPAMM Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="60701.45"/>	<input type="text" value="60701.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59195.42"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3510.00"/>	<input type="text" value="3510.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="62705.42"/>	<input type="text" value="64211.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2767.19"/>	<input type="text" value="4273.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59938.23"/>	<input type="text" value="59938.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**We Vote - Nosotros Votamos - PPAMM Committee**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	3000.00	3000.00
(ii) Unitemized .....	510.00	510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3510.00	3510.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3510.00	3510.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3510.00	3510.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3510.00	3510.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2767.19	3922.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2767.19	3922.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	319.55
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	31.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2767.19	4273.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2767.19	4273.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3510.00	3510.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3510.00	3510.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2767.19	3922.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2767.19	3922.67

**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 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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)  
**We Vote - Nosotros Votamos - PPAMM Committee**

**A. Johnna F. Cashill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Greenridge Drive  
 City Reno State NV Zip Code 89509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015  
**Transaction ID : INCA273**  
 Amount of Each Receipt this Period  
 250.00

**B. Janet C. Kahl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2705 Avenida De Landa  
 City Reno State NV Zip Code 89523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2015  
**Transaction ID : INCA259**  
 Amount of Each Receipt this Period  
 250.00

**C. Donald A. Molde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3290 Penfield Circle  
 City Reno State NV Zip Code 89502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : INCA263**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)  
**A. Margo Piscevich**

Mailing Address 3745 Falcon Way

City State Zip Code  
 Reno NV 89509

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : INCA264**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Jennifer A. Satre**

Mailing Address 95 Bear Mountain Place

City State Zip Code  
 Reno NV 89519

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : INCA271**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Sue Wagner**

Mailing Address 845 Tamarack Drive

City State Zip Code  
 Reno NV 89509

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

Name of Employer Occupation  
 None Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : INCA270**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)  
**We Vote - Nosotros Votamos - PPAMM Committee**

**A. Deborah Kim Wallin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8345 Bomberos Court

City Las Vegas State NV Zip Code 89113

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

Name of Employer DK Wallin, Ltd. Occupation Certified Public Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 05 / 2015  
Transaction ID : **INCA272**

Amount of Each Receipt this Period  
500.00

**B. Teresa J. Weaver-Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 15060 Perlite Drive

City Reno State NV Zip Code 89521

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

Name of Employer None Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 27 / 2015  
Transaction ID : **INCA256**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2015

Transaction ID : EXPB253

Amount of Each Disbursement this Period

99.60

Full Name (Last, First, Middle Initial)

**B. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2015

Transaction ID : EXPB255

Amount of Each Disbursement this Period

346.10

Full Name (Last, First, Middle Initial)

**C. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2015

Transaction ID : EXPB262

Amount of Each Disbursement this Period

255.80

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

701.50

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2015

Transaction ID : EXPB276

Amount of Each Disbursement this Period

584.50

Full Name (Last, First, Middle Initial)

**B. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : EXPB280

Amount of Each Disbursement this Period

168.70

Full Name (Last, First, Middle Initial)

**C. Olson Hagel & Fishburn, LLP**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Legal & Reporting Services

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : EXPB284

Amount of Each Disbursement this Period

144.70

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

897.90

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Advocates Mar Monte**

Mailing Address 1691 The Alameda

City San Jose State CA Zip Code 95126

Purpose of Disbursement  
Fundraising Postage

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

Transaction ID : EXPB266

Amount of Each Disbursement this Period

98.00

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Advocates Mar Monte**

Mailing Address 1691 The Alameda

City San Jose State CA Zip Code 95126

Purpose of Disbursement  
Fundraising Printing

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

Transaction ID : EXPB265

Amount of Each Disbursement this Period

811.82

Full Name (Last, First, Middle Initial)

**C. Fremont Minuteman Press**

Mailing Address 3130 Osgood Court

City Fremont State CA Zip Code 94539

Purpose of Disbursement  
Fundraising Printing

003

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2015

Transaction ID : EDTB43EXPB265

Amount of Each Disbursement this Period

811.82

[MEMO ITEM]

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

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

909.82

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : EXPB266

does not aggregate in excess of \$200

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2015

**Transaction ID : EXPB254**

Amount of Each Disbursement this Period

31.00

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2015

**Transaction ID : EXPB261**

Amount of Each Disbursement this Period

31.00

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

**Transaction ID : EXPB275**

Amount of Each Disbursement this Period

81.00

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

143.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : EXPB279

Amount of Each Disbursement this Period

31.33

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : EXPB277

Amount of Each Disbursement this Period

0.13

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 13 / 2015

Transaction ID : EXPB278

Amount of Each Disbursement this Period

2.80

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

34.26

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015

**Transaction ID : EXPB281**

Amount of Each Disbursement this Period

2.37

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015

**Transaction ID : EXPB283**

Amount of Each Disbursement this Period

31.89

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address 400 Capitol Mall

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Bank Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015

**Transaction ID : EXPB282**

Amount of Each Disbursement this Period

9.80

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

44.06

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
**We Vote - Nosotros Votamos - PPAMM Committee**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Wells Fargo Bank</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		10		2015									
Mailing Address 400 Capitol Mall		<b>Transaction ID : EXPB285</b>											
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period										
Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td>001</td> </tr> </table>		001	<table border="1"> <tr> <td>5.12</td> </tr> </table>	5.12								
001													
5.12													
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Wells Fargo Bank</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		10		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		10		2015									
Mailing Address 400 Capitol Mall		<b>Transaction ID : EXPB286</b>											
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period										
Purpose of Disbursement Bank Fee	<table border="1"> <tr> <td>001</td> </tr> </table>		001	<table border="1"> <tr> <td>31.53</td> </tr> </table>	31.53								
001													
31.53													
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C.</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code	<table border="1"> <tr> <td></td> </tr> </table>										
Purpose of Disbursement	<table border="1"> <tr> <td></td> </tr> </table>			<table border="1"> <tr> <td></td> </tr> </table>									
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	<table border="1"> <tr> <td>36.65</td> </tr> </table>	36.65
36.65		
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<table border="1"> <tr> <td>2767.19</td> </tr> </table>	2767.19
2767.19		