

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

JACK UPPAL FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 1936

Check if different than previously reported. (ACC)

LINCOLN

CA

95648

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506436

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

04

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 / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 KATHRYN UPPAL

Signature of Treasurer KATHRYN UPPAL

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JACK UPPAL 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))....	8987.00	12225.28
(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)).....	8987.00	12225.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	575.54	1203.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	575.54	1203.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12778.87	
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).....	5000.00	

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

JACK UPPAL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	3000.00
(ii) Unitemized	6937.00	7778.00
(iii) TOTAL of contributions from individuals	7937.00	10778.00
(b) Political Party Committees.....	1050.00	1050.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	397.28
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8987.00	12225.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5000.00	5000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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).....	13987.00	17225.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	575.54	1203.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	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	3012.41	3243.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3587.95	4446.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2379.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13987.00
25. SUBTOTAL (add Line 23 and Line 24).....	16366.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3587.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12778.87

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT JECMEN

Mailing Address 318 HIGH EAGLE RD

City ALAMO State CA Zip Code 94507

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

Name of Employer RETIRED Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
 500.00

AB

B. Full Name (Last, First, Middle Initial)
DOUGLAS/MICHELE STARK

Mailing Address 260 GOLDEN BLUFF CT

City LINCOLN State CA Zip Code 95648

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

Name of Employer NONE Occupation NONE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
 100.00

AB

C. Full Name (Last, First, Middle Initial)
DOUGLAS/MICHELE STARK

Mailing Address 260 GOLDEN BLUFF CT

City LINCOLN State CA Zip Code 95648

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

Name of Employer NONE Occupation NONE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : SA11AI.4581

Amount of Each Receipt this Period
 100.00

AB

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

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

700.00

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

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

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT VIZZARD

Mailing Address 6850 CHILI HILL RD

City State Zip Code
NEWCASTLE CA 95658

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

Name of Employer Occupation
VALLEY EMERGENCY PHYSICIANS PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 08 / 2012

Transaction ID : SA11AI.4376

Amount of Each Receipt this Period
100.00

AB

B. Full Name (Last, First, Middle Initial)
ROBERT VIZZARD

Mailing Address 6850 CHILI HILL RD

City State Zip Code
NEWCASTLE CA 95658

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

Name of Employer Occupation
VALLEY EMERGENCY PHYSICIANS PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period
100.00

AB

C. Full Name (Last, First, Middle Initial)
ROBERT VIZZARD

Mailing Address 6850 CHILI HILL RD

City State Zip Code
NEWCASTLE CA 95658

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

Name of Employer Occupation
VALLEY EMERGENCY PHYSICIANS PHYSICIAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period
100.00

AB

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

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

300.00

1000.00

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

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

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AUBURN AREA DEMOCRATIC CLUB

Mailing Address 1700 COUNTRY HILL RUN

City State Zip Code
NEW CASTLE CA 95658

FEC ID number of contributing federal political committee. **C** C00422022

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : SA11B.4296

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RJUD DEMOCRATIC CLUB

Mailing Address POBOX 423
773-0314

City State Zip Code
ROSEVILLE CA 95747

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2012

Transaction ID : SA11B.4141

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
TAHOE TRUCKEE CALIFORNIA DEMOCRATIC CLUB

Mailing Address PO BOX 215

City State Zip Code
KINGS BEACH CA 96143

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : SA11B.4261

Amount of Each Receipt this Period
100.00

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

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

800.00

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

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

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED DEMOCRATS OF EL DORADO COUNTY

Mailing Address **PO BOX 762**
530-642-8775

City **DIAMOND SPRINGS** State **CA** Zip Code **95619**

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

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
_____ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11B.4287

Amount of Each Receipt this Period
_____ 250.00

B. 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) _____

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
_____ / _____ / _____

Amount of Each Receipt this Period

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) _____

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
_____ / _____ / _____

Amount of Each Receipt this Period

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

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

_____ 250.00

_____ 1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JACK UPPAL FOR CONGRESS

Mailing Address PO BOX 1936

City LINCOLN State CA Zip Code 95648

FEC ID number of contributing federal political committee. **C** C00506436

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : SA13A.4126

Amount of Each Receipt this Period
 5000.00
 PERSONAL LOAN FROM CANDIDATE

B. 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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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 10 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACT BLUE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 14 ARROW ST SUITE 11 617-517-7600		Amount of Each Disbursement this Period 201.54
City CAMBRIDGE State MA Zip Code 02138	Purpose of Disbursement PROCESSING FEES START TO 03/31	
Candidate Name JACK UPPAL FOR CONGRESS		Transaction ID : SB17.4409
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04	Category/Type 001	

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

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

SUBTOTAL of Disbursements This Page (optional).....	201.54
TOTAL This Period (last page this line number only).....	201.54

**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 11 OF 13
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CALIFORNIA DEMOCRATIC PARTY		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2012
Mailing Address 1401 21 ST SUITE 200		Amount of Each Disbursement this Period 350.00 Transaction ID : SB21.4405
City SACRAMENTO State CA Zip Code 95811	Purpose of Disbursement 001 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) B. CA SECRETARY OF STATE		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 1500 11th ST 916-653-6814		Amount of Each Disbursement this Period 1438.40 Transaction ID : SB21.4399
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement ELECTION 001 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) C. DR DON'S BUTTONS		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 3906 W MORROW DR 800-243-8293		Amount of Each Disbursement this Period 736.30 Transaction ID : SB21.4458
City GLENDALE State AZ Zip Code 85308	Purpose of Disbursement 006 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

SUBTOTAL of Disbursements This Page (optional).....	2524.70
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)		PAGE 12 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VIKING PRINTING		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address 1125 11th ST 916-447-6100		Amount of Each Disbursement this Period 165.94 Transaction ID : SB21.4404
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement 006 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) B. VIKING PRINTING		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 1125 11th ST 916-447-6100		Amount of Each Disbursement this Period 113.14 Transaction ID : SB21.4403
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement 006 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

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

SUBTOTAL of Disbursements This Page (optional).....	279.08
TOTAL This Period (last page this line number only).....	2803.78

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)

Transaction ID : SC/10.4126

JACK UPPAL FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2012

JACK UPPAL FOR CONGRESS

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 1936

City

State

ZIP Code

LINCOLN

CA

95648

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
03 / 19 / 2012

M M / D D / Y Y Y Y

% (apr)

Yes

No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. 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)..... ▶

5000.00

TOTALS This Period (last page in this line only)..... ▶

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.