

# 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

Francisco For Congress

ADDRESS (number and street)

2407 Anacapa Street

Check if different than previously reported. (ACC)

Santa Barbara

CA

93105

2. FEC IDENTIFICATION NUMBER ▼

C C00551721

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

24

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Chrissie Hastie

Signature of Treasurer Chrissie Hastie

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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  
**Francisco 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))....	29330.00	156480.00
(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)).....	29330.00	156480.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	40842.59	194293.47
(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)).....	40842.59	194293.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6039.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	76734.60	

**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

**Francisco 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).....	25500.00	146950.00
(ii) Unitemized.....	3755.00	9455.00
(iii) TOTAL of contributions from individuals ▶	29255.00	156405.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	75.00	75.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29330.00	156480.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	21852.48	53852.48
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	21852.48	53852.48
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	51182.48	210332.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40842.59	194293.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50842.59	204293.47

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5699.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51182.48
25. SUBTOTAL (add Line 23 and Line 24).....	56881.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50842.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6039.01

**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 40
	<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	

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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Hughes**

Mailing Address 1608 Lasuen Road

City Santa Barbara State CA Zip Code 93103

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : 40530.C761**

Amount of Each Receipt this Period  
 Receipt **250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robertson Short Jr.**

Mailing Address 300 Hot Springs Road #20

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : 40530.C773**

Amount of Each Receipt this Period  
 Receipt **1000.00**

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

Mailing Address 125 East Victoria Street #L

City Santa Barbara State CA Zip Code 93101

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : 40530.C752**

Amount of Each Receipt this Period  
 Receipt **300.00**

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

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

**1550.00**

**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 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith Ishkanian**

Mailing Address 1480 San Leandro Park Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : 40609.C780**

Amount of Each Receipt this Period  
**50.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Susan Herthel**

Mailing Address 2559 Santa Barbara Avenue

City Los Olivos State CA Zip Code 93441

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

Name of Employer Self Employed Occupation Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : 40529.C739**

Amount of Each Receipt this Period  
**2200.00**

Receipt

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

Mailing Address PO Box 599

City Los Olivos State CA Zip Code 93441

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : 40522.C736**

Amount of Each Receipt this Period  
**1000.00**

Receipt

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

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

**3250.00**

**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 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marjorie Bailey**

Mailing Address 2577 Treasuer Drive

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 31 / 2014**

**Transaction ID : 40609.C784**

Amount of Each Receipt this Period  
**100.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Michael Ferraro**

Mailing Address 3231 Campanil Drive

City Santa Barbara State CA Zip Code 93109

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

Name of Employer Self Employed Occupation Property Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : 40617.C795**

Amount of Each Receipt this Period  
**500.00**

Receipt

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

Mailing Address 2495 Starling Drive

City Pismo Beach State CA Zip Code 93448

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : 40617.C804**

Amount of Each Receipt this Period  
**300.00**

Receipt

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

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

**900.00**

**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 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Jordano**

Mailing Address 550 South Patterson

City Santa Barbara State CA Zip Code 93111

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

Name of Employer: Jordanos Inc. Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : 40522.C735**

Amount of Each Receipt this Period  
 Receipt 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mimi Gunner**

Mailing Address 6 Via Del Mar

City Santa Barbara State CA Zip Code 93108

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : 40522.C737**

Amount of Each Receipt this Period  
 Receipt 2600.00

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

Mailing Address 3330 Calle Rosales

City Santa Barbara State CA Zip Code 93105

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

Name of Employer: Homemaker Occupation: Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40529.C738**

Amount of Each Receipt this Period  
 Receipt 2600.00

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

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

7700.00



**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 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lynn Compton**

Mailing Address **PO Box 2211**

City **Nipomo** State **CA** Zip Code **93444**

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

Name of Employer **Valley Farm Supply** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : 40530.C740**

Amount of Each Receipt this Period  
**300.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Mark Andrew Romasanta**

Mailing Address **2711 Samarkand Drive**

City **Santa Barbara** State **CA** Zip Code **93105**

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

Name of Employer **Beach Motel Partners** Occupation **General Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 28 / 2014**

**Transaction ID : 40530.C742**

Amount of Each Receipt this Period  
**500.00**

Receipt

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

Mailing Address **121 Via Del Cielo**

City **Santa Barbara** State **CA** Zip Code **93109**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : 40530.C746**

Amount of Each Receipt this Period  
**500.00**

Receipt

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

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

**1300.00**

**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 10 OF 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Vandeman**

Mailing Address 250 Salisbury Avenue

City State Zip Code  
Goleta CA 93117

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2014

**Transaction ID : 40530.C749**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Mitchell**

Mailing Address 2219 Anacapa Street

City State Zip Code  
Santa Barbara CA 93105

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 40530.C750**

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 761 El Rodeo Road

City State Zip Code  
Santa Barbara CA 93110

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : 40530.C762**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 11 OF 40  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cecil Kyte**

Mailing Address PO Box 30864

City State Zip Code  
Santa Barbara CA 93130

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

Name of Employer Occupation  
STWA Inc. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : 40530.C764**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jean Gates Hall**

Mailing Address 2120 Anacapa Street

City State Zip Code  
Santa Barbara CA 93105

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

Name of Employer Occupation  
.Information Requested .Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40530.C765**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 4550 Union Road

City State Zip Code  
Paso Robles CA 93446

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40530.C767**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

1500.00

**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 12 OF 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**M. Elizabeth White**

Mailing Address 1312 Crown Way

City Paso Robles State CA Zip Code 93446

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40530.C769**

Amount of Each Receipt this Period  
 Receipt 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Najera**

Mailing Address 1397 Santa Teresita Drive

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40530.C770**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 250 Salisbury Avenue

City Goleta State CA Zip Code 93117

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40530.C772**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

1250.00

**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 13 OF 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Sorensen**

Mailing Address 4220 Mariposa Drive

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Select Staffing Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : 40530.C774**

Amount of Each Receipt this Period  
 Receipt 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Carol Wathen**

Mailing Address PO Box 1137

City Summerland State CA Zip Code 93067

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : 40530.C775**

Amount of Each Receipt this Period  
 Receipt 2500.00

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

Mailing Address 1555 Las Canoas Road

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : 40602.C778**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

5000.00

**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 14 OF 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Benita Wilson**

Mailing Address 814 Paseo Alicante

City Santa Barbara State CA Zip Code 93103

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : 40609.C787**

Amount of Each Receipt this Period  
 Receipt 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Benita Wilson**

Mailing Address 814 Paseo Alicante

City Santa Barbara State CA Zip Code 93103

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : 40609.C782**

Amount of Each Receipt this Period  
 Receipt 100.00

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

Mailing Address 102 Ontare Hills Lane

City Santa Barbara State CA Zip Code 93105

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : 40609.C786**

Amount of Each Receipt this Period  
 Receipt 400.00

**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 15 OF 40
	<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)  
**Francisco For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Diana OKeefe**

Mailing Address 4212 Cresta Avenue

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : 40617.C800**

Amount of Each Receipt this Period  
 Receipt 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dale Gomer**

Mailing Address 2951 Wallace Drive

City Paso Robles State CA Zip Code 93446

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

Name of Employer Paso Robles Waste Disposal Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2014

**Transaction ID : 40617.C803**

Amount of Each Receipt this Period  
 Receipt 500.00

**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)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / 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).....

1000.00

25500.00





**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 17 OF 40
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>Dale Francisco</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 22007		<b>Transaction ID : 40712.C810</b>
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 506.24
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 32506.24	

Full Name (Last, First, Middle Initial) <b>Dale Francisco</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 22007		<b>Transaction ID : 40522.C734</b>
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 52506.24	

Full Name (Last, First, Middle Initial) <b>Dale Francisco</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 22007		<b>Transaction ID : 40712.C809</b>
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.24
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 53852.48	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	21852.48
<b>TOTAL</b> This Period (last page this line number only).....	21852.48

**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 18 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 5.75		
City San Francisco	State CA	Zip Code 94105-	Transaction ID : 40530.E990		
Purpose of Disbursement Merchant Processing Fees		Category/ Type			
Candidate Name		MERCHANT PROCESSING FEES			
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) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014		
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 7.19		
City San Francisco	State CA	Zip Code 94105-	Transaction ID : 40617.E1018		
Purpose of Disbursement Merchant Processing Fees		Category/ Type			
Candidate Name		MERCHANT PROCESSING FEES			
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) <b>c. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 45.00		
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40609.E999		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name		TELEPHONE			
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	57.94
<b>TOTAL</b> 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 19 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Mary Kalvans</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 24			Amount of Each Disbursement this Period 465.00
City San Miguel	State CA	Zip Code 93451-	
Purpose of Disbursement Consulting Grassroots		Candidate Name	Transaction ID : 40617.E1031
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)		Category/ Type	CONSULTING GRASSROOTS
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Copy Right</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 908 East Colorado Boulevard			Amount of Each Disbursement this Period 122.10
City Pasadena	State CA	Zip Code 91106-	
Purpose of Disbursement Printing		Candidate Name	Transaction ID : 40609.E995
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)		Category/ Type	PRINTING
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 2.88
City San Francisco	State CA	Zip Code 94105-	
Purpose of Disbursement Merchant Processing Fees		Candidate Name	Transaction ID : 40617.E1015
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)		Category/ Type	MERCHANT PROCESSING FEES
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	589.98
<b>TOTAL</b> 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 20 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Britta Bartels</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 2522		Amount of Each Disbursement this Period 345.00
City Santa Barbara	State CA	
Zip Code 93120-	Purpose of Disbursement Consulting Grassroots	<b>Transaction ID : 40617.E1037</b>
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)	<b>CONSULTING GRASSROOTS</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gelsons Markets</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3305 State Street		Amount of Each Disbursement this Period 67.80
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Catering	<b>Transaction ID : 40609.E1006</b>
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)	<b>CATERING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 17.25
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	<b>Transaction ID : 40530.E989</b>
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)	<b>MERCHANT PROCESSING FEES</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	430.05
<b>TOTAL</b> 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 21 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. 2 Cent Autocalls</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 10 Tremont Street #14			Amount of Each Disbursement this Period 323.30	
City Boston	State MA	Zip Code 02108-	Transaction ID : 40609.E1010	
Purpose of Disbursement Telephone		Category/ Type	TELEPHONE	
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:				

Full Name (Last, First, Middle Initial) <b>B. Ashley Latka</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 652 Lynwood Street			Amount of Each Disbursement this Period 1625.00	
City Thousand Oaks	State CA	Zip Code 91360-	Transaction ID : 40609.E1014	
Purpose of Disbursement Consulting Grassroots		Category/ Type	CONSULTING GRASSROOTS	
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:				

Full Name (Last, First, Middle Initial) <b>C. Cox Communications</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014	
Mailing Address PO Box 53262			Amount of Each Disbursement this Period 157.99	
City Phoenix	State AZ	Zip Code 85072-	Transaction ID : 40609.E1004	
Purpose of Disbursement Telephone & Internet		Category/ Type	TELEPHONE & INTERNET	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2106.29
<b>TOTAL</b> 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 22 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2980 State Street		Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Telephone	<b>Transaction ID : 40609.E998</b>
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anthony Kalvans</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 64		Amount of Each Disbursement this Period 362.50
City San Miguel	State CA	
Zip Code 93451-	Purpose of Disbursement Consulting Grassroots	<b>Transaction ID : 40617.E1033</b>
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)	CONSULTING GRASSROOTS
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rachel Kim</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 227 Mesa Verde Drive		Amount of Each Disbursement this Period 1425.00
City Santa Barbara	State CA	
Zip Code 93110-	Purpose of Disbursement Consulting Grassroots	<b>Transaction ID : 40521.E959</b>
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)	CONSULTING GRASSROOTS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1832.50
<b>TOTAL</b> 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 23 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Rachel Kim</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 227 Mesa Verde Drive			Amount of Each Disbursement this Period 285.00		
City Santa Barbara	State CA	Zip Code 93110-	Transaction ID : 40707.E1042		
Purpose of Disbursement Consulting Grassroots		Category/ Type			
Candidate Name			CONSULTING GRASSROOTS		
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) <b>B. Office Max</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014		
Mailing Address 219 East Gutierrez Street			Amount of Each Disbursement this Period 58.31		
City Santa Barbara	State CA	Zip Code 93101-	Transaction ID : 40701.E1040		
Purpose of Disbursement Office Supplies		Category/ Type			
Candidate Name			OFFICE SUPPLIES		
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) <b>c. Strategic Media Placement</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014		
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 20000.00		
City Delaware	State OH	Zip Code 43015-	Transaction ID : 40609.E996		
Purpose of Disbursement Media		Category/ Type			
Candidate Name			MEDIA		
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20343.31
<b>TOTAL</b> 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 24 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. In Compliance Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address PO Box 751271			Amount of Each Disbursement this Period 3050.00	
City Las Vegas	State NV	Zip Code 89136-	Transaction ID : 40617.E1030	
Purpose of Disbursement Consulting Treasury		Category/ Type	CONSULTING TREASURY	
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:				

Full Name (Last, First, Middle Initial) <b>B. Moore Information Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 2130 SW Jefferson #200			Amount of Each Disbursement this Period 1940.00	
City Portland	State OR	Zip Code 97201-	Transaction ID : 40609.E1003	
Purpose of Disbursement Polling		Category/ Type	POLLING	
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:				

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 5.76	
City San Francisco	State CA	Zip Code 94105-	Transaction ID : 40521.E941	
Purpose of Disbursement Merchant Processing Fees		Category/ Type	MERCHANT PROCESSING FEES	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4995.76
<b>TOTAL</b> 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 25 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Rachel Kim</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address 227 Mesa Verde Drive			Amount of Each Disbursement this Period 1425.00	
City Santa Barbara	State CA	Zip Code 93110-	Transaction ID : 40609.E1013	
Purpose of Disbursement Consulting Grassroots				
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)		CONSULTING GRASSROOTS	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 44.57	
City San Francisco	State CA	Zip Code 94105-	Transaction ID : 40617.E1016	
Purpose of Disbursement Merchant Processing Fees				
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)		MERCHANT PROCESSING FEES	
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Northstar Campaign Systems</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 11421 Davenport Street			Amount of Each Disbursement this Period 516.06	
City Omaha	State NE	Zip Code 68154-	Transaction ID : 40617.E1028	
Purpose of Disbursement Telephone Services				
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)		TELEPHONE SERVICES	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1985.63
<b>TOTAL</b> 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 26 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 37.38
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	<b>Transaction ID : 40617.E1017</b>
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)	<b>MERCHANT PROCESSING FEES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 2 Cent Autocalls</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 10 Tremont Street #14		Amount of Each Disbursement this Period 323.30
City Boston	State MA	
Zip Code 02108-	Purpose of Disbursement Telephone	<b>Transaction ID : 40609.E1009</b>
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)	<b>TELEPHONE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Dick Mason</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 962		Amount of Each Disbursement this Period 472.50
City San Luis Obispo	State CA	
Zip Code 93406-	Purpose of Disbursement Consulting Grassroots	<b>Transaction ID : 40617.E1034</b>
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)	<b>CONSULTING GRASSROOTS</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	833.18
<b>TOTAL</b> 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 27 OF 40	
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. In Compliance Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 01 / 2014</b>
Mailing Address <b>PO Box 751271</b>		Amount of Each Disbursement this Period <b>1950.00</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89136-</b>
Purpose of Disbursement <b>Software &amp; Support</b>	Category/Type <b>SOFTWARE &amp; SUPPORT</b>	
Candidate Name	Transaction ID : <b>40617.E1029</b>	
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) <b>B. Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 21 / 2014</b>
Mailing Address <b>219 East Gutierrez Street</b>		Amount of Each Disbursement this Period <b>65.87</b>
City <b>Santa Barbara</b>	State <b>CA</b>	Zip Code <b>93101-</b>
Purpose of Disbursement <b>Office Supplies</b>	Category/Type <b>OFFICE SUPPLIES</b>	
Candidate Name	Transaction ID : <b>40609.E993</b>	
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) <b>c. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 28 / 2014</b>
Mailing Address <b>144 2nd Street 1st Floor</b>		Amount of Each Disbursement this Period <b>28.75</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105-</b>
Purpose of Disbursement <b>Merchant Processing Fees</b>	Category/Type <b>MERCHANT PROCESSING FEES</b>	
Candidate Name	Transaction ID : <b>40530.E991</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2044.62</b>
<b>TOTAL</b> 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 28 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Telephone		Candidate Name	Transaction ID : 40609.E997
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:	TELEPHONE

Full Name (Last, First, Middle Initial) <b>B. Ashley Latka</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 652 Lynwood Street			Amount of Each Disbursement this Period 325.00
City Thousand Oaks	State CA	Zip Code 91360-	
Purpose of Disbursement Consulting Grassroots		Candidate Name	Transaction ID : 40701.E1039
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:	CONSULTING GRASSROOTS

Full Name (Last, First, Middle Initial) <b>c. Expedia</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 333 108th Avenue NE			Amount of Each Disbursement this Period 250.98
City Bellevue	State WA	Zip Code 98004-	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : 40609.E1007
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:	TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	620.98
<b>TOTAL</b> 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 29 OF 40			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Telephone		Category/ Type	<b>Transaction ID : 40609.E1000</b>
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)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Valerie Watson</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 38.50
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement See Below/Postage & Shipping		Category/ Type	<b>Transaction ID : 40617.E1020</b>
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)		SEE BELOW/POSTAGE & SHIPPING
State: District:			

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 836 Anacapa Street			Amount of Each Disbursement this Period 18.90
City Santa Barbara	State CA	Zip Code 93102-	
Purpose of Disbursement Postage & Shipping		Category/ Type	<b>Transaction ID : 40617.E1021</b>
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)		<b>[MEMO ITEM]</b> MEMO: POSTAGE & SHIPPING
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	83.50
<b>TOTAL</b> 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 30 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Max</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 219 East Gutierrez Street		Amount of Each Disbursement this Period \$ 19.60
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Postage & Shipping	Transaction ID : 40617.E1022
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)	[MEMO ITEM] MEMO: POSTAGE & SHIPPING
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rachel Neville</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 1741 Devaul Ranch Drive		Amount of Each Disbursement this Period \$ 300.00
City San Luis Obispo	State CA	
Zip Code 93405-	Purpose of Disbursement Consulting Grassroots	Transaction ID : 40617.E1035
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)	CONSULTING GRASSROOTS
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bill Bailey</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 424 Olive Street		Amount of Each Disbursement this Period \$ 325.00
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Rent	Transaction ID : 40609.E1012
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)	RENT
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$ 625.00
<b>TOTAL</b> 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 31 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Valerie Watson</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 262.05
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement See Below/Catering		Category/ Type	<b>Transaction ID : 40617.E1023</b>
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)		SEE BELOW/CATERING
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Vons Grocery Store</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3355 State Street			Amount of Each Disbursement this Period 38.98
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement CATERING		Category/ Type	<b>Transaction ID : 40617.E1024</b>
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)		<b>[MEMO ITEM]</b> MEMO: CATERING
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Gelsons Markets</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3305 State Street			Amount of Each Disbursement this Period 152.63
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Catering		Category/ Type	<b>Transaction ID : 40617.E1025</b>
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)		<b>[MEMO ITEM]</b> MEMO: CATERING
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	262.05
<b>TOTAL</b> 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 32 OF 40			
	<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)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Vons Grocery Store</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 3355 State Street			Amount of Each Disbursement this Period 64.74
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement CATERING		Candidate Name	Transaction ID : 40617.E1026
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)		Category/ Type	[MEMO ITEM] MEMO: CATERING
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Smart &amp; Final</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 217 East Gutierrez Street			Amount of Each Disbursement this Period 5.70
City Santa Barbara	State CA	Zip Code 93101-	
Purpose of Disbursement CATERING		Candidate Name	Transaction ID : 40617.E1027
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)		Category/ Type	[MEMO ITEM] MEMO: CATERING
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Ashley Latka</b>			Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 652 Lynwood Street			Amount of Each Disbursement this Period 1625.00
City Thousand Oaks	State CA	Zip Code 91360-	
Purpose of Disbursement Consulting Grassroots		Candidate Name	Transaction ID : 40521.E960
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)		Category/ Type	CONSULTING GRASSROOTS
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1625.00
<b>TOTAL</b> This Period (last page this line number only).....	38435.79



**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 33 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Francisco For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dale Francisco</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 07 / 2014</b>
Mailing Address PO Box 22007		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>Santa Barbara</b>	State <b>CA</b>	
Purpose of Disbursement Repay Loan Made/Guar. by Cand	Zip Code <b>93121-</b>	<b>Transaction ID : 40617.E1038</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	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:		

Full Name (Last, First, Middle Initial) <b>C.</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	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>10000.00</b>

**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)  
Francisco For Congress

Transaction ID : LS40521.C724

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

Dale Francisco

[PERSONAL FUNDS]

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 22007

City State ZIP Code  
Santa Barbara CA 93121-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32000.00	10000.00	22000.00

**TERMS**

Date Incurred: M 04 / D 24 / Y 2014  
 Date Due: M M / D D / Y ONDEMAND  
 Interest Rate: 0.00 % (apr)  
 Secured:  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	22000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Francisco For Congress** Transaction ID : **LS40712.C809**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Dale Francisco  
 Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address PO Box 22007  
 City Santa Barbara State CA ZIP Code 93121-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21852.48	0.00	21852.48

**TERMS**  
 Date Incurred: M 05 / D 15 / Y 2014  
 Date Due: M / D / Y ONDEMAND  
 Interest Rate: 0.00 % (apr)  
 Secured:  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	21852.48
<b>TOTALS</b> This Period (last page in this line only).....	43852.48

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)

**Francisco For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Red Rock Strategies**

Nature of Debt (Purpose):  
Consulting Management

Mailing Address 9500 East Flamingo #203

City State Zip Code  
Las Vegas NV 89147-

Outstanding Balance Beginning This Period  
5500.00

Transaction ID : LS40710.E1045

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
9000.00 0.00 14500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Red Rock Strategies**

Nature of Debt (Purpose):  
Media

Mailing Address 9500 East Flamingo #203

City State Zip Code  
Las Vegas NV 89147-

Outstanding Balance Beginning This Period  
6150.00

Transaction ID : LS40522.E985

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 6150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Red Rock Strategies**

Nature of Debt (Purpose):  
Travel

Mailing Address 9500 East Flamingo #203

City State Zip Code  
Las Vegas NV 89147-

Outstanding Balance Beginning This Period  
234.56

Transaction ID : LS40415.E910

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 234.56

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 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) ▶

20884.56

**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)

**Francisco For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Red Rock Strategies**

Nature of Debt (Purpose):  
Travel

Mailing Address 9500 East Flamingo #203

City State Zip Code  
Las Vegas NV 89147-

Outstanding Balance Beginning This Period  
3076.61

Transaction ID : LS40710.E1046

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
342.93 0.00 3419.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Red Rock Strategies**

Nature of Debt (Purpose):  
Data Lists

Mailing Address 9500 East Flamingo #203

City State Zip Code  
Las Vegas NV 89147-

Outstanding Balance Beginning This Period  
0.00

Transaction ID : LS40710.E1047

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
54.49 0.00 54.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**In Compliance Inc.**

Nature of Debt (Purpose):  
Consulting Treasury

Mailing Address PO Box 751271

City State Zip Code  
Las Vegas NV 89136-

Outstanding Balance Beginning This Period  
8000.00

Transaction ID : LS40617.E1030

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 3050.00 4950.00

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 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) ▶

8424.03

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 38 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Francisco For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>In Compliance Inc.</b>	Nature of Debt (Purpose): Consulting Treasury
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS40710.E1051</b>	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>In Compliance Inc.</b>	Nature of Debt (Purpose): Office Supplies
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS40710.E1050</b>	
Amount Incurred This Period 23.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 23.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>In Compliance Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 2.00	<b>Transaction ID : LS40415.E912</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3025.78
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Francisco For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>In Compliance Inc.</b>	Nature of Debt (Purpose): Printing
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS40710.E1049</b>	
Amount Incurred This Period 17.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>In Compliance Inc.</b>	Nature of Debt (Purpose): Shipping
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 45.75	<b>Transaction ID : LS40415.E913</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>In Compliance Inc.</b>	Nature of Debt (Purpose): Software & Support
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 1950.00	<b>Transaction ID : LS40617.E1029</b>	
Amount Incurred This Period 0.00	Payment This Period 1950.00	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	62.75
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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 40 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Francisco For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Prosper Group</b>	Nature of Debt (Purpose): Email Svcs
Mailing Address 435 East Main Street #250	
City State Zip Code Greenwood IN 46143-	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : LS40710.E1048</b>	
Amount Incurred This Period 485.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 485.00

B. Full Name (Last, First, Middle Initial) of Debtor 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 Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor 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 Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	485.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	32882.12
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	43852.48
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	76734.60