

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

06

05

2012

in the State of

CA

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

General (30G)

Runoff (30R)

Special (30S)

Election on

06

05

2012

in the State of

CA

5. Covering Period

04

01

2012

through

05

16

2012

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

05

23

2012

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))....	4035.00	16260.28
(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)).....	4035.00	16260.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3911.21	5114.62
(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)).....	3911.21	5114.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12902.66	
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).....	1200.00	4200.00
(ii) Unitemized.....	1935.00	9713.00
(iii) TOTAL of contributions from individuals ▶	3135.00	13913.00
(b) Political Party Committees.....	900.00	1950.00
(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))..	4035.00	16260.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	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)..... ▶	4035.00	21260.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3911.21	5114.62
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	0.00	3243.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3911.21	8357.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12778.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4035.00
25. SUBTOTAL (add Line 23 and Line 24).....	16813.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3911.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12902.66

**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 10
	<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)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
INDERJIT K BARONE

Mailing Address 40 BROOKWOOD DR

City LATHAM State NY Zip Code 12110-3624

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
 04 / 03 / 2012

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MARY E SPITZER

Mailing Address PO BOX 1001

City SAN ANDREAS State CA Zip Code 95249-1001

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

Name of Employer Occupation
 RETIRED TEACHER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2012

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period
 500.00

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 Occupation
 NONE 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
 05 / 10 / 2012

Transaction ID : SA11AI.4594

Amount of Each Receipt this Period
 100.00

AB

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 6 OF 10
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2012

Transaction ID : SA11AI.4566

Amount of Each Receipt this Period
 100.00

AB

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).....

100.00

1200.00

**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 10
<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)
DEMOCRATS OF SUN CITY

Mailing Address 4848 PINECONE LN

City ROSEVILLE State CA Zip Code 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
 04 / 24 / 2012

Transaction ID : SA11B.4529

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7510 RIDGEVIEW LN

City PENRYN State CA Zip Code 95663

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
 04 / 25 / 2012

Transaction ID : SA11B.4531

Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
PLACER CO DEMOCRATIC CENTRAL COMMITTEE

Mailing Address PO BOX 423

City ROSEVILLE State CA Zip Code 95678

FEC ID number of contributing federal political committee. **C** C00433318

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
 05 / 09 / 2012

Transaction ID : SA11B.4557

Amount of Each Receipt this Period
 200.00

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

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

900.00

900.00

**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 8 OF 10			
	<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 05 / 16 / 2012
Mailing Address 14 ARROW ST SUITE 11 617-517-7600		Amount of Each Disbursement this Period 33.40 Transaction ID : SB17.4563
City CAMBRIDGE State MA Zip Code 02138	Purpose of Disbursement PROCESSING FEE 04/01-05/16 001 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. DR DON'S BUTTONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 3906 W MORROW DR 800-243-8293		Amount of Each Disbursement this Period 848.48 Transaction ID : SB17.4545
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		

Full Name (Last, First, Middle Initial) C. MY CAMPAIGN STORE		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2012
Mailing Address 902 E COURT AVE 812-288-9480		Amount of Each Disbursement this Period 2250.00 Transaction ID : SB17.4533
City JEFFERSONVILLE State IN Zip Code 47130	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).....	3131.88
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 9 OF 10			
	<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. PLACER COUNTY CLERK		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 2954 RICHARDSON DR 530-886-5610		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4544
City AUBURN State CA Zip Code 95603	Purpose of Disbursement DEPOSIT FOR SIGN REMOVAL 004 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 04 / 04 / 2012
Mailing Address 1125 11th ST 916-447-6100		Amount of Each Disbursement this Period 75.43 Transaction ID : SB17.4540
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. VIKING PRINTING		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 1125 11th ST 916-447-6100		Amount of Each Disbursement this Period 75.46 Transaction ID : SB17.4546
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		

SUBTOTAL of Disbursements This Page (optional).....	350.89
TOTAL This Period (last page this line number only).....	3482.77

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **JACK UPPAL FOR CONGRESS** Transaction ID : **SC/10.4126**

LOAN SOURCE Full Name (Last, First, Middle Initial) JACK UPPAL FOR CONGRESS	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.