

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <small>YYYY</small> 201		1,524.90
(b) Cash on Hand at Beginning of Reporting Period.....	1,364.90	
(c) Total Receipts (from Line 19).....	000.00	,340.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,364.90	1,864.90
7. Total Disbursements (from Line 31).....	,000.00	,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,364.90	1,364.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000.00	

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

For further information contact:

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

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

12030710036

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN PARTY

Report Covering the Period: From: / /

To: / /

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

000.00

000.00

(ii) Unitemized.....

000.00

340.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

000.00

000.00

(b) Political Party Committees.....

000.00

000.00

(c) Other Political Committees

(such as PACs).....

000.00

000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

000.00

340.00

12. Transfers From Affiliated/Other

Party Committees.....

000.00

000.00

13. All Loans Received.....

000.00

000.00

14. Loan Repayments Received.....

000.00

000.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

000.00

000.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

000.00

000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

000.00

000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

000.00

000.00

(b) Levin Funds (from Schedule H5).....

000.00

000.00

(c) Total Transfers (add 18(a) and 18(b))..

000.00

000.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

000.00

000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

000.00

000.00

000.00

340.00

000.00

340.00

000.00

340.00

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: ^S ^M ^D ^Y ^Y ^Y ^Y 07 01 2011 To: ^M ^M ^D ^Y ^Y ^Y ^Y 09 30 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0,000.00	000.00
(ii) Unitemized	000.00	340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	000.00	000.00
(b) Political Party Committees	000.00	000.00
(c) Other Political Committees (such as PACs).....	000.00	000.00
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 33, page 5)	000.00	340.00
12. Transfers From Affiliated/Other Party Committees.....	000.00	000.00
13. All Loans Received	000.00	000.00
14. Loan Repayments Received.....	000.00	000.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	000.00	000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000.00	000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	000.00	000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	000.00	000.00
(b) Levin Funds (from Schedule H5).....	000.00	000.00
(c) Total Transfers (add 18(a) and 18(b))..	000.00	000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	000.00	340.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	000.00	340.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	00.00	00.00
(ii) Non-Federal Share.....	00.00	00.00
(b) Other Federal Operating Expenditures	00.00	500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	00.00	500.00
22. Transfers to Affiliated/Other Party Committees.....	00.00	00.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	00.00	00.00
24. Independent Expenditures (use Schedule E)	00.00	00.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	00.00	00.00
26. Loan Repayments Made.....	00.00	00.00
27. Loans Made.....	00.00	00.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	00.00	00.00
(b) Political Party Committees	00.00	00.00
(c) Other Political Committees (such as PACs).....	00.00	00.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	00.00	00.00
29. Other Disbursements	00.00	00.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	00.00	00.00
(ii) "Levin" Share.....	00.00	00.00
(b) Federal Election Activity Paid Entirely With Federal Funds	00.00	00.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	00.00	00.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	00.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	00.00	500.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 00.00	, 00.00
34. Total Contribution Refunds (from Line 28(d))	, 00.00	, 00.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 00.00	, 00.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	, 00.00	500.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	, 00.00	,
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, 00.00	500.00

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

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

FOR LINE NUMBER: PAGE **6** OF **12**

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Receipt

A.

Mailing Address

Month Day Year

City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

B.

Mailing Address

Month Day Year

City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

C.

Mailing Address

Month Day Year

City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

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

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

NONE

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 7 OF 12
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M D Y Y	
City		State		Zip Code	
Purpose of Disbursement		Candidate Name		Amount of Each Disbursement this Period	
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	
State: District:					
B.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M D Y Y	
City		State		Zip Code	
Purpose of Disbursement		Candidate Name		Amount of Each Disbursement this Period	
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	
State: District:					
C.		Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address				M D Y Y	
City		State		Zip Code	
Purpose of Disbursement		Candidate Name		Amount of Each Disbursement this Period	
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	
State: District:					

VOID

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

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SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE **2** OF **12**
FOR LINE 18b OF FORM 3X

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NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
Total Amount Transferred for Voter Registration.....

ii) **Voter ID**
Total Amount Transferred for Voter ID.....

iii) **GOTV**
Total Amount Transferred for GOTV.....

iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NDMG

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	= TOTAL AMOUNT
<input type="text"/>		<input type="text"/>	<input type="text"/>
TOTAL This Period for the Levin Share			

VOID

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

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C 00455659
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date ____ / ____ / ____ Amount _____
---	---

Purpose of Expenditure _____	Category/ Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought _____		

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City State Zip Code _____	Date ____ / ____ / ____ Amount _____
---	---

Purpose of Expenditure _____	Category/ Type _____	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	_____
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	_____
(c) TOTAL Independent Expenditures ▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date _____

12030710046

VOID

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	Check if 24-hour notice
--	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Amount	
Aggregate General Election Expenditure for this Candidate ▶	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	

VOID

SUBTOTAL of Expenditures This Page (optional)..... ▶	Amount	Category/Type
TOTAL This Period (last page this line number only)..... ▶	Amount	Category/Type

12030710047

12030710048

NO OTHER SCHEDULES APPLICABLE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
1/13/12

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JMB
PREPARER
(3/2005)

1/18/11
DATE PREPARED

12030710049