FEC AN						
1. NAME OF TYPE COMMITTEE (in full)		nple: If typing, type the lines.	ትይር / 12FE4M5	MAIL CENTER		
NAPA COUNTY	TR EPUTBLICAN	LENTRAL	COMMIT	EE		
		<u>)                  </u>				
ADDRESS (number and street)	P.D. BOX 326	3				
			<u>IJIIII</u>			
than previously			CA 94:	58		
2. FEC IDENTIFICATION NUMB		S	STATE 🔺			
C 00455659	3. IS THIS REPORT		AMENDED (A)			
4. TYPE OF REPORT ( (Choose One) (a) Quarterly Reports:	b) Monthly Feb 20 (M2) Report Due On: Mar 20 (M3)	May 20 (M5)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)		
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10			
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day <b>PRE-</b> Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)		
October 15 Quarterly Report (Q3)	Election on	11 04	2014	in the State of CA		
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)		
t Termination Report	Report for the: Election on		Y Y Y Y	in the State of		
5. Covering Period	B11 [2014]	through	1.2512	014		
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my kno SOSEPH TELEV		e, correct and comp	lete.		
Signature of Treasurer	Joseph Bler	linos a	Date / 0	19 2014		
NOTE: Submission of false, erroneous	, or incomplete information may su	ubject the person signing the	nis Report to the pena	lties of 2 U.S.C. §437g.		
Office Use Only			FE	C FORM 3X Rev. 12/2004		

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FEC Form 3X (Rev. 02/2003)

From:

Page 2

Write or Type Committee Name

# NAPA COUNTY REPUBLICAN CONTRAL COMMITTEE

Report Covering the Period:

ΪÖ΄ &Ϊ΄ ŽŎĬ4Ĭ

10'15'2014

To:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		, 3,27 <i>9.0</i> 0
	(b) Cash on Hand at Beginning of Reporting Period	, 4,082.00	·
	(c) Total Receipts (from Line 19)	, ,210.00	, <i>I</i> ,7 <i>4</i> 7.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	, 4,292.00	, 5026,00
7.	Total Disbursements (from Line 31)	, 1,228.00	, 1,962,00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 3064.00	, 3,064.00
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	, , <del>O</del> .	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	, , <del>D</del>	

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

DE	TAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)	or necelpts	Page 3
Write or Type Committee Name		
NAPA COUNTY TEET	PUTBLICANI CENTRAL	COMMITTEE
Report Covering the Period: From: 20		"10' 15' ŽUŽV
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>11. Contributions (other than loans) From:         <ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> <li>(i) Itemized (use Schedule A)</li> </ul> </li> </ul>	, <i>D</i> ,	, , <i></i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)►	, ,210.00 , ,210.00	, 1747.00 , 1,747.00
<ul> <li>(b) Political Party Committees</li> <li>(c) Other Political Committees <ul> <li>(such as PACs)</li> </ul> </li> <li>(d) Total Contributions (add Lines</li> </ul>	, , <del>O</del> . , , <del>O</del> .	, , <b>д</b> . , , <b>д</b> .
<ul> <li>11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li></ul>	, , <b>2</b> 10.00 , , <del>01</del>	, 1,747.00 , <del>,</del> <del>,</del> <del>,</del>
13. All Loans Received	, , <del>O</del> -	, , <del>O</del>
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures (Refunds, Rebates, etc.)</li> </ol>	, , <del>O</del>	, , <del>O</del>
<ul> <li>(Carry Totals to Line 37, page 5)</li> <li>16. Refunds of Contributions Made to Federal Candidates and Other</li> <li>Definition Computing</li> </ul>	, , <del>O</del>	, , <del>,</del>
Political Committees 17. Other Federal Receipts (Dividends, Interest, etc.)	, , <b>Đ</b> .	, , <del>c</del> .
<ol> <li>Transfers from Non-Federal and Levin Funds         <ul> <li>(a) Non-Federal Account</li> </ul> </li> </ol>	, , <b>E</b> ,	, , <del>O</del> -
(from Schedule H3)	, , <del>O</del> .	, <b>,                                  </b>
(b) Levin Funds (from Schedule H5)	, , <del>O</del> .	, <b>,</b> <del>,</del>
(c) Total Transfers (add 18(a) and 18(b))	, , <del>O</del>	, , <b>Ə</b> .
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	, , <b>2</b> 10.00	, <i>1,747.00</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	, , <u>2</u> /0.00	, 1.747.00

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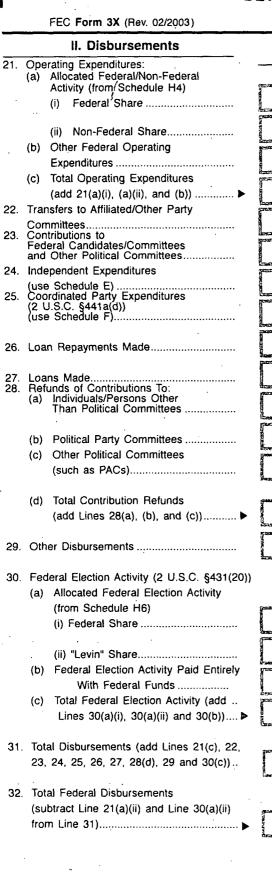
### DETAILED SUMMARY PAGE

of Disbursements

#### COLUMN A Total This Period

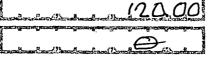
Page 4

#### COLUMN B Calendar Year-to-Date

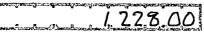


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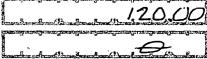


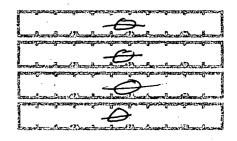






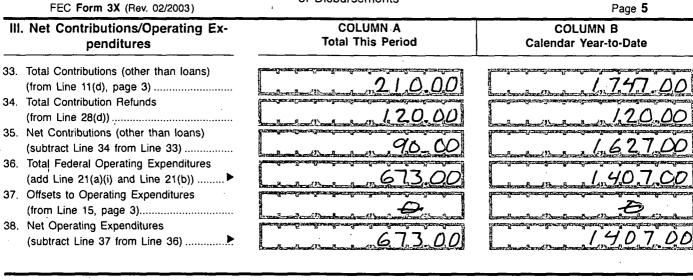






### DETAILED SUMMARY PAGE

of Disbursements



SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 6 OF 12
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
	PUBLICAN CENTRAL C	OMMITTEE
Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		
, and the second		
City	State Zip Code	ระเมติดหมายี่ โหงเหนืออาสร์ ให้เหมติดของมัดและวัฒนามี
		Amount of Each Receipt this Period
FEC ID number at contributing		ระแนกระดังการสารีตามหนึ่งสาวประการรับการสารสารการสารการสารการสารการสารการสาร
federal political committee.		hand and hand hand hand hand hand hand h
Name of Employer	Occupation	
Receipt For	· · · · · · · · · · · · · · · · · · ·	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)		
		a
Full Name (Last, First, Middle Initial)		
B. Mailing Address	<u> </u>	Date of Receipt
Mailing Address	$\mathbf{X}$	
City	State Zip Code	- โดยหน้าแรกไ โดยหน้าหมะนี้ ใหญ่มีการประเทศร้
<u></u>		Amount of Each Receipt this Period
FEC ID number of contributing	C	<b></b>
federal political committee.		and and Development and Development and Cherry Constrained
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)		
	hand have the first and have the first state of the second s	
Full Name (Last, First, Middle Initial)	X	
		Date of Receipt
Mailing Address		
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Envelopment ()	<u> </u>
		hand and a start
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line numbe		and the second
	, only)	hand and have to a first and the set of the

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ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       (check only one)       21       22       23       24       25         Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee.       28       23       24       25       29         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       28       28       29         NAME OF COMMITTEE (In Full)       NAPA			FOR LINE	NUMBER:		P	AGE 7	OF 12
Detailed Summary Page       27       28a       28b       28c       29         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         NAME OF COUNTY REPUBLICAN CENTRAL COMMITTEE         Full Name (Last, First, Middle Initial)         A.         VENTURA COUNTY REPUBLICAN PARTY         Mailing Address         SO COOD ROAD STE: 309A         City       State         Zip Code         Category/         Purpose of Disbursement         PURCHASE OF DEVE HANCHES         Category/         Office Sought:       House         Disbursement For:         Senate       Primary         President       Other (specify)         State:       District:         Full Name (Last, First, Middle Initial)	TEMIZED DISBURSEMENTS		(check only	one)	<b>-</b> 22		<b>1</b> 25	<b>1</b> 26
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)         NAME OF COMMITTEE (In Full)         A         Date of Disbursement         VENTURA COUNTY REPUTBLICAN CENTRAL COMMITTEE         Mailing Address       Date of Disbursement         % O WOOD ROAD STE. 3094A       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Per Candidate Name         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       (Seneral         Other (specify)       Tull Name (Last, First, Middle Initial)		Detailed Summary Page						30b
NATPA COUNTY REPUBLICAN CENTRAL COMMITTEE         Full Name (Last, First, Middle Initial)       Date of Disbursement         Nailing Address       Date of Disbursement         Mailing Address       Date of Disbursement         No.       NATPA COUNTY REPUBLICAN PARTY         Mailing Address       Date of Disbursement         No.       NATPA COUNTY REPUBLICAN PARTY         Mailing Address       Date of Disbursement         No.       NATPA COUNTY REPUBLICAN PARTY         Mailing Address       Date of Disbursement         City       State       Zip Code         CAM APLILLO       CA       93010         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Per         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         State:       District:       General       Other (specify)       Full Name (Last, First, Middle Initial)								
Full Name (Last, First, Middle Initial)       Date of Disbursement         A.       VENTURA COUNTY REPUBLICAN PARTY         Mailing Address       Disbursement         BO WOOD ROAD STE. 304A       "D"         City       State       Zip Code         City       State       Zip Code         Purpose of Disbursement       CA 93010         Purpose of Disbursement       Category/ Type         Office Sought:       House         Disbursement For:       Senate         President       Disbursement For:         State:       District:         Full Name (Last, First, Middle Initial)	NAME OF COMMITTEE (In Full)							
VENTURA       COUNTY REPUBLICAN PARTY         Mailing Address       NO         80       COD         City       State         Zip Code         City       State         Purpose of Disbursement         PURCHASE OF DEVE HANGERS         Candidate Name         Candidate Name         Confice Sought:         House         Disbursement For:         Senate         President         Other (specify)         State:         District:         Full Name (Last, First, Middle Initial)	VAPA COUNTY REF	UBLICAN A	CENTR	PAL C	CDM.	M 11	TEL	5
So WOOD ROAD       SIL       SO YA         City       State       Zip Code         QAMARILLO       CA       93010         Purpose of Disbursement       PURCHASE OF DOOR HANGERS       Amount of Each Disbursement this Per         Candidate Name       Category/ Type       Category/ Type       , , 435.0         Office Sought:       House       Disbursement For:       General         Office Sought:       President       Other (specify)          State:       District:       Type       , 1000000000000000000000000000000000000		BLICAN PARTY	r				Y <u>X</u> Y	¥.
CAMARILLO       CA       93010         Purpose of Disbursement       Purpose of Disbursement       Amount of Each Disbursement this Perpendiculate Name         Candidate Name       Category/ Type       Category/ Type       Amount of Each Disbursement this Perpendiculate Name         Office Sought:       House       Disbursement For:       Category/ Type       , 435.0         Office Sought:       President       Primary       General Other (specify)       Type         State:       District:       Type       Type       Type         Full Name (Last, First, Middle Initial)       Full Name (Last, First, Middle Initial)       Type       Type	80 WOD ROAD S				. 9	58	201	4
The product of the second s	CAMARILLO							.:
Candidate Name       Category/ Type       Cate		NGERS		Amount	of Each	Disburse	ement this	Period
State:     District:       Full Name (Last, First, Middle Initial)	Candidate Name				,	,	435	.OD
	Senate President	Primary 🛛 General						
	• • • •			Date of	Disburse	ement		
	<u>CHAUPP_CHARLES</u>	i <i>E</i>		M M			<b>Y Y</b> Y	Y
Mailing Address 10 13 2014	Mailing Address			10	1	3	201	4
City State Zip Code <u>ESPARTO</u> Purpose of Disbursement	ESPARTO C							
FOOD FOR THERECUE EVENT Amount of Each Disbursement this Per		EVENT		Amount	of Each	Disburse	ement this	Period
Candidate Name Category/ Type , , , , , , , , , , , , , , , , , , ,	Category/ Type				,	۰ ب	3/7	.00
Office Sought:     House     Disbursement For:       Senate     Primary     I General       President     Other (specify) ▼	Senate President	Primary 🛛 General						
Full Name (Last, First, Middle Initial) C. Date of Disbursement	• • • • •			Data at	Dieburg			
I-IANGMAN, KEVIN H.	HANGMAN, KEVIN	Ц.			/ D	D /		.ž.,
1148 STATE LANE	1148 STATE LANE					د	20	/ 4
City YOUNTVILLE, CA 94589 Purpose of Disbursement	YOUNTVILLE CA	<u>}74589</u>						
SUPPLIES FOR BARBECUE EVENT Amount of Each Disbursement this Per	SUPPLIES FOR BARBELL	DE EVENT		Amount	t of Each	Disburs	ement this	Period
Category/ Type , , , , 3 4 5. 0	L				,	,-	345	.00
Office Sought:       House       Disbursement For:         Senate       Primary ,       General         President       Other (specify) ▼         State:       District:	UTICE SOUDDY I HOUSE I DEDUTED	Primary , Z General					-	
SUBTOTAL of Disbursements This Page (optional)	Senate President	Other (specify)						
TOTAL This Period (last page this line number only)	State: District:		····· ►		,	1,	097	.00

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FEC Schedule B (Form 3X) Rev. 02/2003

# SCHEDULE C (FEC Form 3X) LOANS

OANS			Use separate for each cate Detailed Sum	egory of the	PAGE <b>2</b> OF <u>17</u> FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)					···· · · · · · · · · · · · · · · · · ·
NAPA COUNTY	<u>′_R</u> E	<u>PUTBLIC</u> AN	V CENTRI	<u>Y_COM</u>	MITTEE
	, First, Mid	dle Initial)		Ē	Primary General
Mailing Address					Other (specify) 🔻
City			Code		
Original Amount of Loan		Cumulative Payment	To Date	Balance	Outstanding at Close of This Perio
		Constant Deviland			and)
TERMS Date incurred			Due Ir	nterest Rate	Secured: W (apr) Yes N
List All Endorsers or Guarantors 1. Full Name (Last, First, Middle)		D LOAN SOURCE	Name of Empl	oyer	
Mailing Address	$\longrightarrow$	<u></u>	Occupation		
		$\mathbf{i}$	Amount		
City	State	ZIP Oode	Guaranteed	and an allow (1).	without the day of the day of the
2. Full Name (Last, First, Middle I	Initial)		Name of Empl	loyer	
Mailing Address			Occupation	<u> </u>	
			Amount		
City	State	ZIP Code	Outstanding:		the second se
3. Full Name (Last, First, Middle )	Initial)		Name of Empl	loyer	
Mailing Address			Occupation	<u> </u>	
	<b>0</b> 4-4		Amount		eredeenstrondeere trouvier after a fan ander
City	State	ZIP Code	Guaranteed Outstanding:		and
4. Full Name (Last, First, Middle	Initial)		Name of Emp	loyer	<u></u>
Mailing Address			Occupation		$\overline{}$
	<b>.</b>		Amount		an in the second se
City	State	ZIP Code	Guaranteed Outstanding:	Land and the state of the state	Same Connectioned Planer - markement "Source Connect
SUBTOTALS This Period This Page	(optional)				No. 67 - B - D - 72 - Z - d - 72 - Z
TOTALS This Period (last page in the	his line only	y)			and the second se
Carry outstanding balance only to I	LINE 3. Sci	nedule D, for this line	. If no Schedule D	), carry forwar	d to appropriate line of Summary

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463		Page of Schedule C
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
		C00455659
NAPA COUNTY REPUBLICAN C	'ENTRAL <u>COMMITTE</u>	E
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
ron Name		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Sanadaandthaadhaadhaadhhaadhaadh	
Mailing Address		RIAM / DAD / LALAAAA
$\mathbf{X}$	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured?	If yes, date originally incurred	MINI / DID / YEYEY
B. If line of credit,	Total	
Amount of this Draw:	Outstanding Balance:	······································
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the	loan: real estate, personal	What is the value of this collateral?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛
No Yes If yes, specify:	Similar traditional conaterar?	terret and the state of the sta
	· · · · · · · · · · · · · · · · · · ·	Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts of inter- collateral for the loan? No Yes If yes, s		What is the estimated value?
		······································
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	·
Date account established:	Address:	
Жан / рар / увуауву	City, State, Zip:	
F. If neither of the types of collateral described above wa		amount pledged does not equal or exceed
the loan amount, state the basis upon which this loan		
G. COMMITTEE TREASURER		DATE
Typed Name		
Signature		
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the te	erms of the loan and other inform	ation reparding the ovtension of the loss
are accurate as stated above.		
II. The loan was made on terms and conditions (ir similar extensions of credit to other borrowers o	ncluding interest rate) no more fav of comparable credit worthiness	vorable at the time than hose imposed for
III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis	which assures repayment, and has
AUTHORIZED REPRESENTATIVE	0111 100.02 and 100.142 in Makir	
Typed Name		MARA / DEDA / PARA
Signature	itle	

Supplementary for

Information jayand any

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLIC A. Full Name (Last, First, Middle Initial) of Debtor of Mailing Address City State Outstanding Balance Beginning This Period	<u>CAN CENTRAL</u> or Creditor Zip Code		PAGE 10 OF 12 FOR LINE NUMBER: (check only one) 9 10 EE Debt (Purpose):
Amount Incurred This Period	Payment This Period	Outstandi	ing Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor of Mailing Address City State Outstanding Balance Beginning This Period Amount Incurred This Period	Zip Code Payment This Period	Outstand	ing Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City	or Creditor State Zip Code	Nature of I	Debt (Purpose):
Outstanding Balance Beginning This Period	Payment This Period	Outstand	ting Balance at Close of This Period
<ol> <li>SUBTOTALS This Period This Page (optional)</li> <li>TOTALS This Period (last page this line number of 3) TOTAL OUTSTANDING LOANS from Schedule C</li> <li>ADD 2) and 3) and carry forward to appropriate I</li> </ol>	only) ; (last page only)		Annual Discontinue of Discontinue of the second sec

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

NAPA COUNTY REPUTELICAN CENTRAL COM CO09.55659		PAGE // OF / 2_ FOR LINE 24 OF FORM 3X
Check II       24 hour report       Amends report filed on       Image: Check II       Date         Mailing actress       Date       Image: Check II       Date       Image: Check II       Date         Mailing actress       City       State       Zip Code       Image: Check One:       State:         Purpose of Expenditure       Category       Office Sought:       House       State:         Name of Federal Candidate Supported or Opposed by Expenditure:       Office Sought:       State:       State:         Column:       Category       Office Sought:       General       Destruct         Name of Federal Candidate Supported or Opposed by Expenditure:       Office Sought       Office Sought       Oppose         Category       State       Ip Code       Disturgement For:       Primary       General         Mailing Address       Category       State       Ip Code       State:       State:       State:         Purpose of Expenditure       Category       State       Ip Code       President       Disturgement For:       Primary       General         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         City       State       Ip Code       Distructure       Distructure       S	NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
Name (Last, First, Middle Initial) of Payee       Date         Mailing odress       Amount         City       State       Zip Code         Purpose of Expenditure       Category/ Type       Office Sought       House         Name of Federal Candidate Supported or Opposed by Expenditure:       Office Sought       Brante         Category/ Type       Office Sought       State       Deprove         Category/ Type       Office Sought       Brante       Deprove         Category/ Tor Office Sought       Category/ Type       Office Sought       General         Category/ Tor Office Sought       Category/ Category       Disbursement For: Other (specify)       Oppose         City       State       Ip Code       Date       State: State: Deprove       State: Deprove         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         Category       State       Ip Code       Disbursement For: President       Deprove         City       State       Disbursement For: President       Oppose       Disbursement For: President       Oppose         Categor Year-To-Date Per Eleciton for Office Sought       Check	NAPA COUNTY REPUTELICAN CENTE	EAL COM CO04.55659
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City       State       City       Office       State         Purpose of Expenditure       Categor       Office       Sought       House       State         Name of Federal Candidate Supported or Opposed by Expenditure:       Check One:       Support       Oppose         Calendar Year-To-Date Per Election for Office Sought       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures.       Other (specify)       Disbursement For:       Primary         (b) SUBTOTAL of Unitemized Independent Expenditures.       Disbursement For:       Primary       General         (c) TOTAL Independent Expenditures.       Disbursement of cooperation, consultation, or concert       Disbursement in cooperation, consultation, or concert         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.	Full Name (Last, First, Middle Initial) of Payee	Date
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Name of Federal Candidate Supported or Opposed by Expenditure:       President       President         Calendar Year-To-Date Per Election tor Office Sought       District:       President         (a) SUBTOTAL of Itemized Independent Expenditures.       District:       President         (b) SUBTOTAL of Unitemized Independent Expenditures.       District:       President         (c) TOTAL Independent Expenditures.       District:       President         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 or its agent.	ou.cgod,	
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(a) SUBTOTAL of Itemized Independent Expenditures	Calendar Year-To-Date Per Election	Disbursement For: Primary General
(b) SUBTOTAL of Unitemized Independent Expenditures	for Office Sought	Other (specify)
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	
(c) TOTAL Independent Expenditures	(b) SUBTOTAL of Uniterrized 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.		
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.	(c) TOTAL Independent Expenditures	
	with, or at the request or suggestion of, any candidate or authorized committee or agent	
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FEC Schedule E (Form 3X) Rev. 07/2011

HEDULE F (FEC Form 3X) MIZED COORDINATED PARTY EXPE	ENDITURES MADE BY		
LITICAL PARTY COMMITTEES OR D BEHALF OF CANDIDATES FOR FE	DESIGNATED AGENT(S)		PAGE 12 OF 12
U.S.C. §441a(d)) (To be used on	ily by Political Committees in the Ge	eneral Election)	FOR LINE 25 OF FORM 3X
ME OF COMMITTEE (In Full) NADA COUNTY REPU			MITTEE
s your committee been designated to make ordinated expenditures by a political party committee? YES NO YES, name the designating committee:	Full Name of Subordinate Committe ? Mailing Address	3 <b>9</b>	
ES, name the designating committee.	Maning Address		
	City	St	ate ZIP Code
Full Name (Last, First, Middle Initial) of Each Payer	9	Purpose of Exp	category/
Mailing Address			Туре
City Sta	te Zip Code	Date	
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Name of Federal Canadidate Supported Office Sou	ught: House State: Senate District: Presidential	_   Amount . 	· · · · · · · · · · · · · · · · · · ·
Aggregate General Election Expenditure for this Candidate			<u>)</u>
Full Name (Last, First, Middle Initial) of Each Paye	e / //	Purpose of Ex	Category/
Mailing Address		Date	Туре
City Sta	ate Zip Code		DBD / YBYBYBY
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Name of Federal Candidate Supported Office So	bught: House State: Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ►		stantant constitution	
SUBTOTAL of Expenditures This Page (optional)			72-2-13-13-13-13-13-13-13-13-13-13-13-13-13-
OTAL This Period (last page this line number only).			Mandama Chandrase Chandrase

FEC Schedule F (Form 3X) Rev. 02/2009

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	and the second design of the	Please Rush To Addressee brokup right from your home or office at usps.com/pickup Print postage online - Go to usps.com/poste Print Postage online - Go to usps.com/poste PLEA!		LIALTAHED US       LIALTAHED US         LIALTAHED US       LIALTAHED US       LIALTAHED US         LIALTAHED US       LIALTAHED US       LIALTAHED US         LIALTAHED US       LIALTAHED US       LIALTAHED US       LIALTAHED US         LIALTAHED US       LIALTAHED US       LIALTAHED US       LIALTAHED US       LIALTAHED US       LIALTAHED US         LIALTAHED US <thlialtahed th="" us<=""> <thlialtahed th="" us<=""></thlialtahed></thlialtahed>

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	10/20/14
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
A	10/21/14
PREPARER	DATE PREPARED
(8/2013)	