

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

JACK UPPAL FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 1936

Check if different than previously reported. (ACC)

LINCOLN

CA

95648

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506436

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KATHRYN UPPAL

Signature of Treasurer KATHRYN UPPAL

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JACK UPPAL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5112.00	51227.32
(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)).....	5112.00	51227.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15631.26	46546.61
(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)).....	15631.26	46546.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	716.16	
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).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2012"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2012"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="640.00"/>	<input type="text" value="13441.20"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="690.00"/>	<input type="text" value="26346.84"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="1330.00"/>	<input type="text" value="39788.04"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="2282.00"/>	<input type="text" value="8542.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	1397.28	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
5112.00	51227.32	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	5000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	5000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	829.26	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
5112.00	57056.58	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 21

Write or Type Committee Name

JACK UPPAL FOR CONGRESS

Report Covering the Period: From: To:

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
15631.26	46546.61	1550.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
5000.00	0.00	5000.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
5000.00	0.00	5000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 21

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	3243.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

20631.26	49789.61	6550.81
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

5112.00	51227.32	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

15631.26	46546.61	1550.81
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16235.42
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	5112.00
25. SUBTOTAL (add Line 23 and Line 24).....	21347.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20631.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	716.16

**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 21
	<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)
WILLIAM BANDES

Mailing Address 2300 TUSCANY ST

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer NONE Occupation NONE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **626.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2012

Transaction ID : SA11AI.5445

Amount of Each Receipt this Period
65.00

B. Full Name (Last, First, Middle Initial)
WILLIAM BANDES

Mailing Address 2300 TUSCANY ST

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer NONE Occupation NONE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **651.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.5478

Amount of Each Receipt this Period
25.00

AB

C. Full Name (Last, First, Middle Initial)
NORMAN J BEFFERT

Mailing Address 2653 GOSHAWK LN
NJB

City LINCOLN State CA Zip Code 95648-7711

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period
100.00

AB

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

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

190.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOLA BLEVINS

Mailing Address 24401 SUTTER CREEK RD

City VOLCANO State CA Zip Code 95681

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

Name of Employer STUDENT Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **395.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period
50.00

AB

B. Full Name (Last, First, Middle Initial)
ASHLEY BLINN

Mailing Address 3335 SAGE DR

City CAMERON PARK State CA Zip Code 95682-8619

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period
50.00

AB

C. Full Name (Last, First, Middle Initial)
NORA J CHARLES

Mailing Address 1224 TIGER LILY LANE

City LINCOLN State CA Zip Code 95648

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

Name of Employer RETIRED Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **695.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012

Transaction ID : SA11AI.5440

Amount of Each Receipt this Period
100.00

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

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

200.00

**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 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENNETH L FOWKES

Mailing Address 19985 DAMBACHER DR

City SONORA State CA Zip Code 95370-8855

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

Name of Employer WAYSTAFF MANAGEMENT INC Occupation ADVERTISING

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	640.00

**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 21
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JACK UPPAL FOR CONGRESS

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

Mailing Address PO BOX 6851
530-888-9013

City Auburn State CA Zip Code 95604-6851

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2232.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : SA11B.5463

Amount of Each Receipt this Period
32.00

OFFICE DONATION

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

Mailing Address PO BOX 6851
530-888-9013

City Auburn State CA Zip Code 95604-6851

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3232.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SA11B.5462

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARIPOSA DEMOCRATIC CLUB

Mailing Address PO BOX 5008-268

City MARIPOSA State CA Zip Code 95338

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

Transaction ID : SA11B.5461

Amount of Each Receipt this Period
250.00

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

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

1282.00

**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 11 OF 21
	<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)
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
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012

Transaction ID : SA11B.5434

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

1000.00

2282.00

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" 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)
TAKE BACK RED CALIFORNIA

Mailing Address 702 WINDMILL COURT

City State Zip Code
CONCORD CA 94518

FEC ID number of contributing federal political committee. **C** C00421388

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SA11C.5423

Amount of Each Receipt this Period
1500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1500.00

1500.00

**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 13 OF 21			
	<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. ALLEN BRAUER		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 100 GONCE WAY 916 203 4197		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5482
City FOLSUM State CA Zip Code	Purpose of Disbursement 003 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) B. ALLEN BRAUER		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 100 GONCE WAY 916 203 4197		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5485
City FOLSUM State CA Zip Code	Purpose of Disbursement 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) C. ALLEN BRAUER		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 100 GONCE WAY 916 203 4197		Amount of Each Disbursement this Period 382.17 Transaction ID : SB17.5493
City FOLSUM State CA Zip Code	Purpose of Disbursement 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: CA District: 04		

SUBTOTAL of Disbursements This Page (optional).....	2382.17
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 14 OF 21			
	<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. AMERICAN TECHNOLOGY CONSULTANTS		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 307 SOUTH PICKET ST RON EATON		Amount of Each Disbursement this Period 1741.14 Transaction ID : SB17.5508
City ALEXANDER State VA Zip Code 22304	Purpose of Disbursement ROBO CALLS 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) B. AMERICAN TECHNOLOGY CONSULTANTS		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address 307 SOUTH PICKET ST RON EATON		Amount of Each Disbursement this Period 581.00 Transaction ID : SB17.5506
City ALEXANDER State VA Zip Code 22304	Purpose of Disbursement ROBO CALLS 004 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CELEBRATIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 7501 GALILEE RD 888-773-2133		Amount of Each Disbursement this Period 182.79 Transaction ID : SB17.5488
City ROSEVILLE State CA Zip Code 95678	Purpose of Disbursement ELECTION NIGHT 007 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

SUBTOTAL of Disbursements This Page (optional).....	2504.93
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 15 OF 21			
	<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)
JACK UPPAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EL DORADO COUNTY ELECTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 2850 FAIRLANE CT 530 621 7480		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.5497
City PLACERVILLE State CA Zip Code 95667	Purpose of Disbursement Candidate Name JACK UPPAL FOR CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. NANCY FAGERSTROM		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address PO BOX 370		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5498
City MIDPINES State CA Zip Code 95345	Purpose of Disbursement SALARY Candidate Name JACK UPPAL FOR CONGRESS Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. GOLD COUNTRY MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2012
Mailing Address 1030 HIGH ST		Amount of Each Disbursement this Period 184.20 Transaction ID : SB17.5411
City AUBURN State CA Zip Code 95604	Purpose of Disbursement ADS Candidate Name JACK UPPAL FOR CONGRESS Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1334.20
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 16 OF 21	
	<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. GOLD COUNTRY MEDIA		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 1030 HIGH ST		Amount of Each Disbursement this Period 522.40 Transaction ID : SB17.5413
City AUBURN State CA Zip Code 95604	Purpose of Disbursement ADS 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) B. INFORMATION IN THE PUBLIC INTEREST		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.5416
City State Zip Code	Purpose of Disbursement TV ADS 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) C. INFORMATION IN THE PUBLIC INTEREST		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.5417
City State Zip Code	Purpose of Disbursement CRES VELLUCI-MEDIA LIASON 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

SUBTOTAL of Disbursements This Page (optional).....	3022.40
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 17 OF 21	
	<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. INFORMATION IN THE PUBLIC INTEREST		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address		Amount of Each Disbursement this Period 2800.00 Transaction ID : SB17.5489
City	State Zip Code	
Purpose of Disbursement	Category/Type 004	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) B. KGVC RADIO/MOTHERLODE BROADCASTING, INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address PO BOX 609 209 223-1340		Amount of Each Disbursement this Period 726.00 Transaction ID : SB17.5404
City	State Zip Code	
JACKSON CA 95642		
Purpose of Disbursement RADIO ADS	Category/Type 004	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

Full Name (Last, First, Middle Initial) C. MOUNTAIN DEMOCRAT		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2012
Mailing Address 1360 BROADWAY 530 622-1255		Amount of Each Disbursement this Period 176.00 Transaction ID : SB17.5412
City	State Zip Code	
PLACERVILLE CA		
Purpose of Disbursement NEWSPAPER AD	Category/Type 004	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

SUBTOTAL of Disbursements This Page (optional).....	3702.00
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 18 OF 21			
	<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 10 / 31 / 2012
Mailing Address 2954 RICHARDSON DR 530-886-5610		Amount of Each Disbursement this Period 621.67 Transaction ID : SB17.5484
City AUBURN State CA Zip Code 95603	Purpose of Disbursement 001 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. JACK UPPAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address PO BOX 1936		Amount of Each Disbursement this Period 461.37 Transaction ID : SB17.5495
City LINCOLN State CA Zip Code 95648	Purpose of Disbursement REIMBURSEMENT FOR COSTCO 007 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address LINCOLN POST OFFICE		Amount of Each Disbursement this Period 5.30 Transaction ID : SB17.5403
City LINCOLN State CA Zip Code 95648	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name JACK UPPAL FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	621.67
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 19 OF 21	
	<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. WRITE AWAY COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2012
Mailing Address 1722 J ST SUITE 8 916 352-6767		Amount of Each Disbursement this Period 1385.00
City SACRAMENTO State CA Zip Code 95811	Purpose of Disbursement PR	Transaction ID : SB17.5499
Candidate Name JACK UPPAL FOR CONGRESS	Category/Type 004	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1385.00
TOTAL This Period (last page this line number only).....	14952.37

**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 21	
	<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)
JACK UPPAL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JACK UPPAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2012
Mailing Address PO BOX 1936		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB19A.5505
City LINCORN	State CA Zip Code 95648	
Purpose of Disbursement REPAYMENT OF LOAN FROM CANDIDATE		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 04		

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

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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	5000.00	0.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 19	Y 2012 Y	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).....	[] 0.00
TOTALS This Period (last page in this line only).....	[] 0.00

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