

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 DEC 15 AM 10:18 Office Use Only

FEC MAIL CENTER 12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Tehama County Republican Central Committee (Federal)

ADDRESS (number and street) 1010 Highway 99W Orland CA 95963-5963

2. FEC IDENTIFICATION NUMBER C00554881 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C) General (12G) Special (12S) Election on M M / D D / Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: X General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of CA

5. Covering Period 09 30 2014 through 11 24 2014

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 Linda Alston

Signature of Treasurer Linda Alston Date 12 06 2014

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

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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Tehama County Republican Central Committee (Federal)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		6283.26
(b) Cash on Hand at Beginning of Reporting Period.....	6547.68	
(c) Total Receipts (from Line 19).....	440.5	15097.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6988.18	21381.21
7. Total Disbursements (from Line 31).....	190.99	14584.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6797.19	6797.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Tehama County Republican Central Committee (Federal)**

Report Covering the Period: From: 

M	M
09	

 / 

D	D
30	

 / 

Y	Y	Y	Y	Y	Y
2	0	1	4		

 To: 

M	M
11	

 / 

D	D
24	

 / 

Y	Y	Y	Y	Y	Y
2	0	1	4		

**I. Receipts**

**COLUMN A**  
Total This Period

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

	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).....	440.5	440.5
(ii) Unitemized .....	0	14157.45
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	440.5	14597.95
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	300
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	440.5	14897.95
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	200
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	440.5	15097.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	440.5	15097.95

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	190.99	14584.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	190.99	14584.02
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	190.99	14584.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	190.99	14584.02

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A**  
Total This Period

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	440.5	14897.95
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	440.5	14897.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	190.99	14584.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	190.99	14584.02

ACTION PLAN MONITOR

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**Tehama County Republican Central Committee (Federal)**

**A. Unitemized Contributions**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1010 Highway 99W

City Orland	State CA	Zip Code 95963
----------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.5**

Date of Receipt  

M M	D D	Y Y Y Y
10	23	2014

**Transaction ID : 219-381-c**

Amount of Each Receipt this Period  

100
-----

raffle tv

**B. Unitemized Contributions**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1010 Highway 99W

City Orland	State CA	Zip Code 95963
----------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.5**

Date of Receipt  

M M	D D	Y Y Y Y
10	23	2014

**Transaction ID : 219-382-c**

Amount of Each Receipt this Period  

110.5
-------

raffle

**C. Unitemized Contributions**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1010 Highway 99W

City Orland	State CA	Zip Code 95963
----------------	-------------	-------------------

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.5**

Date of Receipt  

M M	D D	Y Y Y Y
11	06	2014

**Transaction ID : 219-384-c**

Amount of Each Receipt this Period  

130
-----

raffle tv

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.50</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 9
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
		<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Tehama County Republican Central Committee (Federal)**

**A. Unitemized Contributions**

Full Name (Last, First, Middle Initial)  
Mailing Address 1010 Highway 99W

City Orland	State CA	Zip Code 95963
----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.5

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2014

Transaction ID : 219-383-c

Amount of Each Receipt this Period  
100

raffle tv

**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) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / 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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	440.50

ASTON PRINTING

**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 8 OF 9				
	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Tehama County Republican Central Committee (Federal)**

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>A. Integrated Card Service</b>		<table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>13</td> <td>2014</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y	11	13	2014
M M M	D D D	Y Y Y Y Y Y							
11	13	2014							
Mailing Address PO Box 3429		Transaction ID : SB21B-118-378-e							
City Thousand Oaks	State CA	Zip Code 91359-0429	Amount of Each Disbursement this Period						
Purpose of Disbursement Administrative/Salary/Overhead: cc fee		001	43.32						
Candidate Name		Category/ Type							
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:							
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>B. Integrated Card Service</b>		<table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>03</td> <td>2014</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y	10	03	2014
M M M	D D D	Y Y Y Y Y Y							
10	03	2014							
Mailing Address PO Box 3429		Transaction ID : SB21B-118-375-e							
City Thousand Oaks	State CA	Zip Code 91359-0429	Amount of Each Disbursement this Period						
Purpose of Disbursement Administrative/Salary/Overhead: cc fee		001	30.95						
Candidate Name		Category/ Type							
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:							
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>C. Integrated Card Service</b>		<table border="1"> <tr> <td>M M M</td> <td>D D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>03</td> <td>2014</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y	11	03	2014
M M M	D D D	Y Y Y Y Y Y							
11	03	2014							
Mailing Address PO Box 3429		Transaction ID : SB21B-118-377-e							
City Thousand Oaks	State CA	Zip Code 91359-0429	Amount of Each Disbursement this Period						
Purpose of Disbursement Administrative/Salary/Overhead: cc fee		001	30.95						
Candidate Name		Category/ Type							
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:							
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼							

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	105.22
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 9 OF 9				
	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Tehama County Republican Central Committee (Federal)**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Integrated Card Service</b>		M - M / D - D / Y - Y Y - Y	
Mailing Address PO Box 3429		10 08 2014	
City	State	Zip Code	<b>Transaction ID : SB21B-118-376-e</b>
Thousand Oaks	CA	91359-0429	
Purpose of Disbursement Administrative/Salary/Overhead: cc fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought:	House Senate President	Disbursement For:	43.32
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43.32
<b>TOTAL</b> This Period (last page this line number only).....▶	148.54

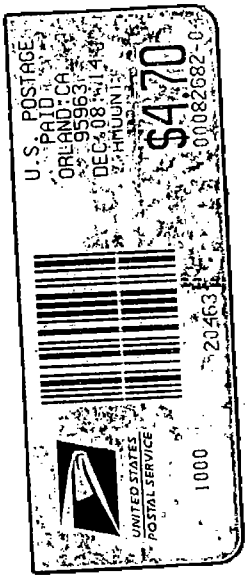
20140911 11:11:11 AM

CERTIFIED MAIL™

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ORLANDO, 32815  
FARMERS FEED AMERICA  
IN GOD WE TRUST



7014 0510 0001 3287 5815



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