

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Abel Maldonado For Congress			
ADDRESS (number and street) PO Box 5325			
CITY, STATE, and ZIP CODE Santa Maria CA 93456-5325			
2. NAME OF CANDIDATE Abel Maldonado		3. OFFICE SOUGHT (State and District) House CA 24	
4. FEC IDENTIFICATION NUMBER C00493379			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Eye of the Tiger PAC PO Box 2485 Springfield VA 22152-0485			
Name of Employer		Date (month, day, year)	Amount
		10/22/2012	1000
Transaction ID : 39641000			
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Franchising PAC 1501 K Street NW Suite 350 Washington DC 20005-1412			
Name of Employer		Date (month, day, year)	Amount
		10/22/2012	1000
Transaction ID : 39642000			
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Granite Construction Employee PAC 555 Capitol Mall Suite 1425 Sacramento CA 95814-4602			
Name of Employer		Date (month, day, year)	Amount
		10/22/2012	1000
Transaction ID : 39643000			
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE ICE PAC 9158 E Staring Lane Eden Prairie MN 55347-2518			
Name of Employer		Date (month, day, year)	Amount
		10/22/2012	1000
Transaction ID : 39644000			
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE NAHU PAC 1212 New York Avenue NW Suite 1100 Washington DC 20005-3987			
Name of Employer		Date (month, day, year)	Amount
		10/22/2012	2000
Transaction ID : 39645000			
Occupation			
SIGNATURE (optional) Kelly Lawler		DATE 10/23/2012	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
<i>[Electronically Filed]</i>			

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL CATTLEMENS BEEF ASSOCIATION PAC 1301 Pennsylvania Avenue NW Washington DC 20004-1701	Name of Employer Transaction ID : 39646000 Occupation	Date (month, day, year) 10/22/2012	Amount 2500
B. FULL NAME, MAILING ADDRESS AND ZIP CODE New Pioneers PAC 228 S Washington Street Suite 115 Alexandria VA 22314-5404	Name of Employer Transaction ID : 39647000 Occupation	Date (month, day, year) 10/22/2012	Amount 2500
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Wedge PAC PO Box 680063 Franklin TN 37068-0063	Name of Employer Transaction ID : 39648000 Occupation	Date (month, day, year) 10/22/2012	Amount 1000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Matthew B Arnaiz 133 Mokelumne River Drive Lodi CA 95240-7615	Name of Employer HD Arnaiz Corporate Transaction ID : 39634000 Occupation Land Development	Date (month, day, year) 10/22/2012	Amount 1500
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Paula Kent Meehan 144 Monovale Drive Beverly Hills CA 90210-3033	Name of Employer Kenquist Inc. Transaction ID : 39637000 Occupation President	Date (month, day, year) 10/22/2012	Amount 1000

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Russell L Ray 157 Mokelumne River Drive Lodi CA 95240-7615	Name of Employer HD Arnaiz Corporation Transaction ID : 39638000 Occupation Real Estate	Date (month, day, year) 10/22/2012	Amount 1500
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Amodei for Nevada 503 N Division Street Carson City NV 89703-4104	Name of Employer Transaction ID : 39650000 Occupation	Date (month, day, year) 10/23/2012	Amount 1000
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Howard Murad 535 Ocean Avenue Santa Monica CA 90402-2610	Name of Employer Self Employed Transaction ID : 39649000 Occupation Physician	Date (month, day, year) 10/23/2012	Amount 1000
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount