

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

Kimber for Congress

ADDRESS (number and street)

P.O. Box 1474

Check if different than previously reported. (ACC)

Escondido

CA

92033

2. FEC IDENTIFICATION NUMBER ▼

C C00540120

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

50

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 Mr. James H. Kimber

Signature of Treasurer Mr. James H. Kimber

[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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Kimber 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))....	4931.04	10870.49
(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)).....	4931.04	10870.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1958.49	7685.57
(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)).....	1958.49	7685.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2987.61	
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kimber for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3975.00	9914.45
(ii) Unitemized.....	956.04	956.04
(iii) TOTAL of contributions from individuals ▶	4931.04	10870.49
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4931.04	10870.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4931.04	10870.49

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1958.49	7685.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1958.49	7685.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4931.04
25. SUBTOTAL (add Line 23 and Line 24).....	4946.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1958.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2987.61

**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 5 OF 14
	<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)
Kimber for Congress

A. Full Name (Last, First, Middle Initial)
Robert Anderson

Mailing Address **PO Box 3055**

City **Del Mar** State **CA** Zip Code **92014-6055**

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

Name of Employer **Pacific Coast Surgical** Occupation **Medical Device Sales**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 18 / 2013

Transaction ID : VN8WRB43AD1

Amount of Each Receipt this Period
500.00

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

Mailing Address **12547 El Camino Real**

City **San Diego** State **CA** Zip Code **92130-4053**

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

Name of Employer **Self Employed** Occupation **Physician Assistant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2569.45

Date of Receipt
 M M / D D / Y Y Y Y
07 / 15 / 2013

Transaction ID : VN8WRB42AQ3

Amount of Each Receipt this Period
250.00

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

Mailing Address **12547 El Camino Real**

City **San Diego** State **CA** Zip Code **92130-4053**

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

Name of Employer **Self Employed** Occupation **Physician Assistant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3169.45

Date of Receipt
 M M / D D / Y Y Y Y
08 / 26 / 2013

Transaction ID : VN8WRB43WB5

Amount of Each Receipt this Period
600.00

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

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

1350.00

**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 6 OF 14
	<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)
Kimber for Congress

A. Full Name (Last, First, Middle Initial)
James Kimber

Mailing Address 12547 El Camino Real

City San Diego State CA Zip Code 92130-4053

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

Name of Employer Self Employed Occupation Physician Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3194.45**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2013

Transaction ID : VN8WRAQFJ77

Amount of Each Receipt this Period
25.00

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

Mailing Address 12547 El Camino Real

City San Diego State CA Zip Code 92130-4053

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

Name of Employer Self Employed Occupation Physician Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5794.45**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2013

Transaction ID : VN8WRAY8665

Amount of Each Receipt this Period
2600.00

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).....

2625.00

3975.00

**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 7 OF 14			
	<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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. Copymat		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address 190 S Escondido Blvd		Amount of Each Disbursement this Period 108.00
City Escondido State CA Zip Code 92025-4115	Purpose of Disbursement Buttons 006 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VN7XG9M9CT3
State: District:		

Full Name (Last, First, Middle Initial) B. Copymat		Date of Disbursement MM / DD / YYYY 09 / 30 / 2013
Mailing Address 190 S Escondido Blvd		Amount of Each Disbursement this Period 43.20
City Escondido State CA Zip Code 92025-4115	Purpose of Disbursement Campaign signs 006 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VN7XG9M9D00
State: District:		

Full Name (Last, First, Middle Initial) C. Future-Ink		Date of Disbursement MM / DD / YYYY 07 / 08 / 2013
Mailing Address 2716 5th Ave Ste D		Amount of Each Disbursement this Period 400.00
City San Diego State CA Zip Code 92103-6329	Purpose of Disbursement Website 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VN7XG9M9CC2
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	551.20
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7XG9M9CT3

Campaign Buttons

Form/Schedule: SB17

Transaction ID: VN7XG9M9D00

Campaign Signs

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7XG9M9CC2

Website updates

Form/Schedule:

Transaction ID:

**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 10 OF 14			
	<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)
Kimber for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Future-Ink		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>09</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		09		2013
M M	/	D D	/	Y Y Y Y								
08		09		2013								
Mailing Address 2716 5th Ave Ste D		Amount of Each Disbursement this Period										
City San Diego	State CA Zip Code 92103-6329											
Purpose of Disbursement Website	Category/Type 004	219.98										
Candidate Name		Transaction ID : VN7XG9M9CR7										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. T-Shirt Mart		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		01		2013
M M	/	D D	/	Y Y Y Y								
07		01		2013								
Mailing Address 715 W Mission Ave		Amount of Each Disbursement this Period										
City Escondido	State CA Zip Code 92025-1612											
Purpose of Disbursement Campaign Shirt	Category/Type 006	16.16										
Candidate Name		Transaction ID : VN7XG9M9CD0										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. T-Shirt Mart		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>01</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		01		2013
M M	/	D D	/	Y Y Y Y								
07		01		2013								
Mailing Address 715 W Mission Ave		Amount of Each Disbursement this Period										
City Escondido	State CA Zip Code 92025-1612											
Purpose of Disbursement Campaign Shirts	Category/Type 006	176.50										
Candidate Name		Transaction ID : VN7XG9M9CE8										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	412.64
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7XG9M9CR7

Campaign Website Updates

Form/Schedule: SB17

Transaction ID: VN7XG9M9CD0

Campaign T-Shirt

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7XG9M9CE8

T-shirts for 4th of July volunteers

Form/Schedule:

Transaction ID:

**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 14	
	<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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. Union Printing and Signs		Date of Disbursement MM / DD / YYYY 08 / 19 / 2013
Mailing Address 2321 Pembroke Rd		Amount of Each Disbursement this Period 469.99
City Hollywood	State FL Zip Code 33020-6253	
Purpose of Disbursement Campaign Stationary	Category/Type 001	Transaction ID : VN7XG9M9CV1
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
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 MM / DD / YYYY
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).....	469.99
TOTAL This Period (last page this line number only).....	1433.83

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7XG9M9CV1

union printing campaign stationary

Form/Schedule:

Transaction ID: