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Image# 15970256137

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	Authorized Con	ımittee			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		xample: If typin ver the lines.	g, type	12FE4M5	
Kirk Jorgensen for	Congress		1 1 1 1 1			
I						
	ı 14677 Via Beti	tona, Suite 110-335				
ADDRESS (number and stre						
Check if different	:					
than previously reported. (ACC)	San Diego				CA L	92127
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY			STATE A	ZIP CODE
C C00546267		3. IS THIS REPORT	× NEW	OR	AMEND (A)	STATE ▼ DISTRICT  ED  CA   52   52   10   52   10   10   10   10   10   10   10   1
4. TYPE OF REPOR	,	(b) 12-Day <b>PRI</b>	E-Election Repo	ort for the:		
(a) Quarterly Reports	S:	П	Primary (12P)	,	General (1	2G) Runoff (12R)
April 15 Quar	terly Report (Q1)			_		
July 15 Quar	terly Report (Q2)	Ш	Convention (	12C)	Special (12	2S)
	Quarterly Report (Q3)	Election or	M M /	D D /	Y " Y " Y	in the State of
X January 31 Y	ear-End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Rep	port for the:		
			General (30G	i)	Runoff (30	R) Special (30S)
Termination F	Report (TER)	Election or	M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	10 / O1 /	Y Y Y Y Y 2014	through	M M 12	31	Y Y Y Y Y 2014
I certify that I have examir	ned this Report and to	the best of my k	nowledge and	belief it is tr	ue, correct and	l complete.
Type or Print Name of Tre	asurer Michelle Moo	ns				
Signature of Treasurer	Michelle Moons		[Electronically I	Filed] [	Date 01	31 / 2015
NOTE: Submission of false.	erroneous, or incomple	ete information may	subject the per	son signina t	this Report to th	ne penalties of 2 U.S.C. §437g.
Office	, , , , ,			<u> </u>		
Use Only						FEC FORM 3 (Revised 02/2003)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

10 12 31 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 150.75 150.75 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 150.75 150.75 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 19637.28 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 54025.00 Schedule C and/or Schedule D).....

#### 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)

PAGE 3 / 10

Write or Type Committee Name

#### Kirk Jorgensen for Congress

Report Covering the Period: From: 10 01 2014 To: 12 31 2014

	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)	0.00	-1269.00
	(ii) Unitemized(iii) TOTAL of contributions	0.00	1269.00
	from individuals	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
,	(such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	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
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

rsements

PAGE 4 / 10

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	150.75	150.75
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
	(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(c) Other Political Committees	0.00	0.00
	(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)	150.75	150.75
	III. CASH SU	IMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	19788.03
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		19788.03
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	150.75
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		19637.28

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

DANS			Detailed Summary		(check only or	ne)	_	3a 3b
AME OF COMMITTEE (In Full)			Tra	nsaction	ID : PAYC221		<u> </u>	
Kirk Jorgensen for Congre	SS							
LOAN SOURCE Full Name (Las Kirk Jorgensen	t, First, Middle Ir	nitial)			ection: 2014 Primary			
Mailing Address 14632 Via Bergamo					General Other (specify)	▼		
City	State	e ZIP Co	de					
San Diego	CA	92127						
Original Amount of Loan	Cur	nulative Payment To	Date	Balance	Outstanding at C	lose of Th	nis P	eriod
100	00.00		0.00		2	10000	0.00	
TERMS  Date Incurred  M 06 / 20 / Y 2013	M M	Date Due	Interest Y None	Rate 0.00	% (apr)	Secured:	: 🔀	No
List All Endorsers or Guarantor	s (if any) to Loa	n Source				162		INO
1. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation					
City	State ZIF	<sup>2</sup> Code	Amount Guaranteed Outstanding:	, ,				
2. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation					
City	State ZIF	<sup>2</sup> Code	Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation					
City	State ZIF	P Code	Amount Guaranteed Outstanding:	7			]	
4. Full Name (Last, First, Middle	Initial)		Name of Employer					
Mailing Address			Occupation					
City	State ZIF	<sup>2</sup> Code	Amount Guaranteed Outstanding:	7	7		]	
SUBTOTALS This Period This Page	(optional)		·····		7 7	10000	).00	
TOTALS This Period (last page in the	nis line only)		<b>&gt;</b>		, ,		_	
Carry outstanding balance only to I	INE 3. Schedule	D. for this line. If	no Schedule D. carrv	forward	to appropriate	ine of Su	mma	arv.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	13a
X	13b

OANS		for each category of the Detailed Summary Page (check only one)	13a <b>(</b> 13b
IAME OF COMMITTEE (In Fu	 II)	Transaction ID : PAYC1314	(1.00
Kirk Jorgensen for Co	•		
LOAN SOURCE Full Nam	ne (Last, First, Middle Initial)	Election: 2014	
Kirk Jorgensen		Primary  General	
Mailing Address 14632 Via Bergamo		Other (specify) ▼	
City	State ZIP	Code	
San Diego	CA 92	127	
Original Amount of Loan	Cumulative Paymen	t To Date Balance Outstanding at Close of This	s Period
	25.00	0.00 25.0	00
Date Incurr	ed Date I	Y. YNONE O.00 % (apr)	$\boxtimes$
List All Endorsers or Gua	arantors (if any) to Loan Source	Yes	No
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, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, I	Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This	s Page (optional)		00
FOTALS This Period (last page	ge in this line only)		
Carry outstanding balance o	nly to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Sum	ımary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

OANS			Detailed Summary Page	
AME OF COMMITTEE (In Full)			Transac	ction ID : PAYC1675
Kirk Jorgensen for Congre	ess			
LOAN SOURCE Full Name (La	st, First, Midd	le Initial)		Election: 2014
Kirk Jorgensen				Primary
Mailing Address				☐ General Other (specify) ▼
14632 Via Bergamo				Ottler (Specify)
City	S	State ZIP Cod	de	
San Diego		CA 92127		
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
7	7000.00	, ,	0.00	7000.00
TERMS  Date Incurred		Date Due	Interest Rate	re Secured:
M <sub>02</sub> M / D <sub>04</sub> D / Y Ž0	14 Y	M / D D / Y	None O.00	0 % (apr) Yes No
List All Endorsers or Guaranto	ors (if any) to	Loan Source		100 110
1. Full Name (Last, First, Midd	le Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
4. Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	9 9
SUBTOTALS This Period This Pag	je (optional)		<u></u>	7000.00
TOTALS This Period (last page in	this line only).			
Carry outstanding halance only to	LINE 3 School	dule D. for this line If a	no Schedule D. carry for	ward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	13a
×	13b

OANS		for each category of the Detailed Summary Page (check only one) 13a
IAME OF COMMITTEE (In Fu	•	Transaction ID : PAYC1673
Kirk Jorgensen for Co	ngress	
LOAN SOURCE Full Nam Kirk Jorgensen	ne (Last, First, Middle Initial)	Election: 2014  Primary
Mailing Address 14632 Via Bergamo		General Other (specify) ▼
City	State	ZIP Code
San Diego	CA	92127
Original Amount of Loan	Cumulative Payn	
	15000.00	0.00 15000.00
Date Incurr	ed Da	e Due Interest Rate Secured:  Output  Output
List All Endorsers or Gua	arantors (if any) to Loan Source	Yes N
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, I	vliddle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, I	vliddle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, I	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period Thi	s Page (optional)	
FOTALS This Period (last page	ge in this line only)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance o	nly to LINE 3, Schedule D, for this	ine. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

	13a
X	13b

DANS			Detailed Summary		(check only or	ne)	13a
AME OF COMMITTEE (In Full)			Tra	nsaction I	D : PAYC1804		17.1
Kirk Jorgensen for Congres	SS						
LOAN SOURCE Full Name (Last Kirk Jorgensen	, First, Middle Initia	l)			ction: 2014 Primary General		
Mailing Address 14632 Via Bergamo					Other (specify)	▼	
City	State	ZIP Coc	le				
San Diego	CA	92127					
Original Amount of Loan	Cumula	ative Payment To	Date	Balance C	Outstanding at C	Close of T	his Peri
150	00.00		0.00		, , ,	1500	0.00
Date Incurred  Mo4 <sup>M</sup> / D21 <sup>D</sup> / Y 2014	( " Y M " M /	Date Due	Interest Y None	Rate 0.00	% (apr)	Secured	X
List All Endorsers or Guarantors	s (if any) to Loan S	Source					<u>, iv</u>
1. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	- 7			
2. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	- 7			
4. Full Name (Last, First, Middle	Initial)		Name of Employer				
Mailing Address			Occupation				
City	State ZIP C	ode	Amount Guaranteed Outstanding:	7	, , ,		
UBTOTALS This Period This Page	(optional)		·····		7 1 7	1500	00.00
OTALS This Period (last page in the	is line only)		·····		7		
Carry outstanding balance only to I	INE 3. Schedule D.	for this line. If n	o Schedule D. carry	forward t	to appropriate	line of S	ummar

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10

	13a
X	13b

DANS			for each category Detailed Summar		(check only on	ne)	13a <b>〈</b> 13b
AME OF COMMITTEE (In Full)			Tra	ansaction	ID : PAYC1858		100
Kirk Jorgensen for Congress	3						
LOAN SOURCE Full Name (Last, Kirk Jorgensen	First, Middle Initial)				ction: 2014 Primary		
Mailing Address 14632 Via Bergamo					General Other (specify)	▼	
City	State	ZIP Code					
San Diego	CA	92127					
Original Amount of Loan	Cumulative F	Payment To Da	te	Balance (	Outstanding at C	lose of Thi	s Period
7000	0.00		0.00		2 2	7000.	00
TERMS  Date Incurred  M05  Date Incurred  Y 2014	Y M M / D	Date Due	Interesi None	t Rate 0.00	% (apr)	Secured:	× No
List All Endorsers or Guarantors						100	
1. Full Name (Last, First, Middle I	nitial)	N	ame of Employer				
Mailing Address		С	ccupation				
City	State ZIP Code	G	mount uaranteed utstanding:	7	7	/#	
2. Full Name (Last, First, Middle In	itial)	N	ame of Employer				
Mailing Address		С	ccupation				
City	State ZIP Code	G	mount uaranteed utstanding:	- 7			
3. Full Name (Last, First, Middle In	itial)	N	ame of Employer				
Mailing Address		C	ecupation				
City	State ZIP Code	G	mount uaranteed utstanding:	7			]
4. Full Name (Last, First, Middle In	itial)	N	ame of Employer				
Mailing Address		С	ccupation				
City	State ZIP Code	G	mount uaranteed utstanding:	7			]
SUBTOTALS This Period This Page (	optional)				7 7	7000.	00
FOTALS This Period (last page in this	line only)		·····		, , ,	54025.	00
Carry outstanding balance only to LI	NE 3. Schedule D. for t	his line. If no	Schedule D. carry	/ forward	to appropriate l	ine of Sun	nmarv.