

**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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00540120

3. IS THIS
REPORTNEW
(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

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 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 James H. Kimber

Signature of Treasurer

James H. Kimber

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 14 / 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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kimber for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	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))....	9000.00	23491.00
(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))	9000.00	23491.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10458.60	24155.14
(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))	10458.60	24155.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-568.60	
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)

PAGE 3 / 32

Write or Type Committee Name

Kimber for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

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).....

5550.00

18239.96

(ii) Unitemized.....

3450.00

5251.04

(iii) TOTAL of contributions from individuals ▶

9000.00

23491.00

(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))..

9000.00

23491.00

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)..... ▶

9000.00

23491.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 32

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10458.60	24155.14
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) ►	10458.60	24155.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	890.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9000.00
25. SUBTOTAL (add Line 23 and Line 24).....	9890.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10458.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-568.60

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 32

(check only one)

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

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

Full Name (Last, First, Middle Initial)

Richard Banister

A.

Mailing Address 2226 Larkspur Dr

City

Alpine

State

CA

Zip Code

91901-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sesame Software, Inc.Occupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		05		2014

Transaction ID : VN8WRBVN743

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

Diane K Jacobus

B.

Mailing Address 7075 Island Village Dr

City

Long Beach

State

CA

Zip Code

90803-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		10		2014

Transaction ID : VN8WRBWTFZ6

Amount of Each Receipt this Period

1950.00

Full Name (Last, First, Middle Initial)

Diane K Jacobus

C.

Mailing Address 7075 Island Village Dr

City

Long Beach

State

CA

Zip Code

90803-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		10		2014

Transaction ID : VN8WRBWVRZ2

Amount of Each Receipt this Period

-1950.00

[MEMO ITEM]

*

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

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

3250.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

Diane K Jacobus

A.

Mailing Address 7075 Island Village Dr

City

Long Beach

State

CA

Zip Code

90803-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Consultant

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		10		2014

Transaction ID : VN8WRBWVS42

Amount of Each Receipt this Period

1950.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

James Kimber

B.

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
☐ Other (specify)
☐ General

Election Cycle-to-Date

6594.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		06		2014

Transaction ID : VN8WRCBD721

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

James Kimber

C.

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
☐ Other (specify)
☐ General

Election Cycle-to-Date

7894.45

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		12		2014

Transaction ID : VN8WRCCD7J0

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 32

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kimber for Congress

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

7894.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2014

Transaction ID : VN8WRCCD7P1

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

David J. O'Connell

Mailing Address 12580 Mirar De Valle

City

Valley Center

State

CA

Zip Code

92082-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer

O'Connell & Associates

Occupation

Lawyer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2014

Transaction ID : VN8WRBVPKY2

Amount of Each Receipt this Period

500.00

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).....

800.00

5550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. BMO Harris Bank N.A.Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Bank Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
01	03	2014

Amount of Each Disbursement this Period

5.87

Transaction ID : VN7XG9RZC75

B. BMO Harris Bank N.A.Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Bank Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2014

Amount of Each Disbursement this Period

71.56

Transaction ID : VN7XG9RZDD5

c. BMO Harris Bank N.A.Mailing Address 1750 Old Meadow Rd
Ste 300

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Bank Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2014

Amount of Each Disbursement this Period

31.03

Transaction ID : VN7XG9RZDS8

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

108.46

--

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZC75

Credit Card processing fee

Form/Schedule: SB17

Transaction ID: VN7XG9RZDD5

Credit Card Processing Fee

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : VN7XG9RZDS8

Bank Credit Card Processing Fee

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. California Democratic PartyMailing Address 1401 21st St
Ste 200City State Zip Code
Sacramento CA 95811-5221Purpose of Disbursement
CA Democratic Party Registration

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : VN7XG9RZD52

B. California Democratic PartyMailing Address 1401 21st St
Ste 200City State Zip Code
Sacramento CA 95811-5221Purpose of Disbursement
Democratic Convention

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

Amount of Each Disbursement this Period

120.00

Transaction ID : VN7XG9RZDH7

C. California Secretary of State

Mailing Address 1500 11th St

City State Zip Code
Sacramento CA 95814-5701Purpose of Disbursement
Filing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

1740.00

Transaction ID : VN7XG9RZDC7

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

2210.00

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZD52

Fee for Endorsement Process with CA Dem Party

Form/Schedule: SB17

Transaction ID: VN7XG9RZDH7

Observer ticket for California Democratic Party Convention

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDC7

Campaign filing fee

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. Copymat

Mailing Address 190 S Escondido Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2014

City	State	Zip Code
Escondido	CA	92025-4115

Purpose of Disbursement
Campaign Pins

007

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)

State: District:

Amount of Each Disbursement this Period

155.52

Transaction ID : VN7XG9RZCD2

B. County of Riverside Registrar of Voters

Mailing Address 2724 Gateway Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

City	State	Zip Code
Riverside	CA	92507-0918

Purpose of Disbursement
Candidate StatementCategory/
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)

State: District:

Amount of Each Disbursement this Period

900.00

Transaction ID : VN7XG9RZDQ4

C. County of San Diego Registrar of Voters

Mailing Address 5600 Overland Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2014

City	State	Zip Code
San Diego	CA	92123-1271

Purpose of Disbursement
Candidate Statement

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)

State: District:

Amount of Each Disbursement this Period

1685.00

Transaction ID : VN7XG9RZDP6

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

2740.52

: 97 'A-G79 @G B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: SB17

Transaction ID : VN7XG9RZCD2

Campaign buttons

Form/Schedule: SB17

Transaction ID: VN7XG9RZDQ4

Candidate Statement for Riverside County Primary 2014

: 97 'A-G79 @G B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5 HCB
.

Form/Schedule: SB17

Transaction ID : VN7XG9RZDP6

Candidate Statement SD County Primary 2014

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. East County Chamber of Commerce

Mailing Address 201 S Magnolia Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

City	State	Zip Code
El Cajon	CA	92020-4525

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
East County Chamber Dinner

007

Transaction ID : VN7XG9RZD60

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Future-InkMailing Address 2716 5th Ave
Ste D

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

City	State	Zip Code
San Diego	CA	92103-6329

Amount of Each Disbursement this Period

224.97

Purpose of Disbursement
Website Update

004

Transaction ID : VN7XG9RMWB4

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. James Hilzman

Mailing Address 39450 S Kirby Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

City	State	Zip Code
Anza	CA	92539-9589

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Campaign Song Recording

006

Transaction ID : VN7XG9RZDN8

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

724.97

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : VN7XG9RZD60

Annual Dinner for the East County Chamber of Commerce

Form/Schedule: SB17

Transaction ID: VN7XG9RMWB4

website maintenance fee

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : VN7XG9RZDN8

Studio recording of "Vote for Kimber" by Slow Traffic

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. NGP VANMailing Address 48 Grove St
Ste 202

City Somerville State MA Zip Code 02144-2500

Purpose of Disbursement
Campaign Accounting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

Amount of Each Disbursement this Period

2100.00

Transaction ID : VN7XG9RZC25

B. Recording Studio

Mailing Address PO Box 390864

City Anza State CA Zip Code 92539-0864

Purpose of Disbursement
Advertising - Song Recording

004

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7XG9RD486

c. San Diego Democratic PartyMailing Address 8340 Clairemont Mesa Blvd
Ste 105

City San Diego State CA Zip Code 92111-1320

Purpose of Disbursement
Vote Builder DatabaseCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : VN7XG9RZD36

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

2850.00

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZC25

Quarterly payment for use of NGP

Form/Schedule: SB17

Transaction ID: VN7XG9RZD36

Monthly installment payment for Vote Builder Database

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. San Diego Military Advisory CouncilMailing Address 5330 Napa St
Ste A

City San Diego State CA Zip Code 92110-2613

Purpose of Disbursement
SDMAC Annual Mixer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

240.00

Transaction ID : VN7XG9RZDE3

B. San Diego Military Advisory CouncilMailing Address 5330 Napa St
Ste A

City San Diego State CA Zip Code 92110-2613

Purpose of Disbursement
SDMAC Annual Mixer

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

40.00

Transaction ID : VN7XG9RZDF1

c. StickersBanners.comMailing Address 3741 Venture Dr
Ste 335

City Duluth State GA Zip Code 30096-5636

Purpose of Disbursement
Campaign Banner

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

29.95

Transaction ID : VN7XG9RZCS7

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

309.95

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDE3

Tickets for staff to SDMAC event

Form/Schedule: SB17

Transaction ID: VN7XG9RZDF1

extra ticket for SDMAC mixer

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB17

Transaction ID : VN7XG9RZCS7

Stand for Fundraiser Banner

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. StickersBanners.comMailing Address 3741 Venture Dr
Ste 335

City Duluth State GA Zip Code 30096-5636

Purpose of Disbursement
Campaign Banner

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2014

Amount of Each Disbursement this Period

229.00

Transaction ID : VN7XG9RZCT5

B. Union Bank

Mailing Address 12950 Carmel Country Rd

City San Diego State CA Zip Code 92130-2157

Purpose of Disbursement
Bank Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

Amount of Each Disbursement this Period

33.00

Transaction ID : VN7XG9RZDB9

c. Union Bank

Mailing Address 12950 Carmel Country Rd

City San Diego State CA Zip Code 92130-2157

Purpose of Disbursement
Bank Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

10.00

Transaction ID : VN7XG9RZDA1

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

272.00

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZCT5

Campaign Fundraiser Step & Repeat Banner

Form/Schedule: SB17

Transaction ID: VN7XG9RZDB9

insufficient funds fee

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDA1

monthly checking account fee

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kimber for Congress

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 12950 Carmel Country Rd

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2014

City	State	Zip Code
San Diego	CA	92130-2157

Purpose of Disbursement
Bank Charge

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

53.00

Transaction ID : VN7XG9RZDJ5

B. Union Bank

Mailing Address 12950 Carmel Country Rd

Date of Disbursement

M M	D D	Y Y Y Y
03	10	2014

City	State	Zip Code
San Diego	CA	92130-2157

Purpose of Disbursement
Bank Charge

Candidate Name

001
Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

33.00

Transaction ID : VN7XG9RZDW2

c. Union Bank

Mailing Address 12950 Carmel Country Rd

Date of Disbursement

M M	D D	Y Y Y Y
03	12	2014

City	State	Zip Code
San Diego	CA	92130-2157

Purpose of Disbursement
Bank Charge

Candidate Name

001
Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

10.00

Transaction ID : VN7XG9RZDX9

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

53.00

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDJ5

monthly bank checking account charge

Form/Schedule: SB17

Transaction ID: VN7XG9RZDW2

insufficient funds fee

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDX9

fee for cashiers check

Form/Schedule:

Transaction ID:

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDY7

monthly checking account bank charge

Form/Schedule: SB17

Transaction ID: VN7XG9RZD78

New campaign business cards for staff Stationary