

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

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="2019"/>	<input type="text" value="4182.00"/>	<input type="text" value="4182.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4182.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7470.00"/>	<input type="text" value="7470.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="11652.00"/>	<input type="text" value="11652.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7552.00"/>	<input type="text" value="7552.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4100.00"/>	<input type="text" value="4100.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="00.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From:

03 / **01** / **2019**

To:

03 / **31** / **2019**

I. Receipts	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).....	1,595.00	1,595.00
(ii) Unitemized.....	00.00	00.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....	1,595.00	1,595.00
(b) Political Party Committees.....	5875.00	5875.00
(c) Other Political Committees (such as PACs).....	00.00	00.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....	7,470.00	7,470.00
12. Transfers From Affiliated/Other Party Committees.....	00.00	00.00
13. All Loans Received.....	00.00	00.00
14. Loan Repayments Received.....	00.00	00.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	00.00	00.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	00.00	00.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	00.00	00.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	00.00	00.00
(b) Levin Funds (from Schedule H5).....	00.00	00.00
(c) Total Transfers (add 18(a) and 18(b))..	00.00	00.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....	7,470.00	7,470.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	7,470.00	7,470.00

20190301 10:50:00 AM

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	7,599.00	7,599.00
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7,599.00	7,599.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations)	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	7,599.00	7,599.00
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	7,599.00	7,599.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	7,599.00	7,599.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7,599.00	7,599.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	7,599.00	7,599.00

FORM 3X (REV. 05/2016)

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7470.00	7470.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7470.00	7470.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7599.00	7599.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7599.00	7599.00

NON-UNIONED AND UN-PAID UNION

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 14
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LAKE COUNTY REPUBLICAN CENTRAL COMMITTEE

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C00603639**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **NONE**

Receipt For:
 Primary General
 Other (specify) **JOINT FUNDRAISER**

Aggregate Year-to-Date **1,000.00**

Date of Receipt **03 / 21 / 2019**

Amount of Each Receipt this Period **1,000.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. YOLO COUNTY REPUBLICAN PARTY

Mailing Address **P.O. BOX 1546**

City **DAVIS** State **CA** Zip Code **94558**

FEC ID number of contributing federal political committee. **C00385799**

Name of Employer (for Individual) **NONE** Occupation (for Individual) **NONE**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **1,625.00**

Date of Receipt **03 / 22 / 2019**

Amount of Each Receipt this Period **1,625.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SOLANO COUNTY REPUBLICAN CENTRAL COMMITTEE

Mailing Address **P.O. BOX 2093**

City **FAIRFIELD** State **CA** Zip Code **94533**

FEC ID number of contributing federal political committee. **C00390104**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **1,625.00**

Date of Receipt **03 / 22 / 2019**

Amount of Each Receipt this Period **1,625.00**

Memo Item

SUBTOTAL of Receipts This Page (optional) **4,250.00**

TOTAL This Period (last page this line number only) **SEE PAGE 9**

NOT RECORDED

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 14 (check only one)

Grid for line numbers 11a-17

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NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SONOMA COUNTY REPUBLICAN PARTY

Mailing Address

P.O. BOX 3558

City

SANTA ROSA

State

CA

Zip Code

95402

FEC ID number of contributing federal political committee.

C 00257279

Name of Employer (for Individual)

NONE

Occupation (for Individual)

NONE

Receipt For:

Primary, General, Other (specify) checkboxes

JOINT FUNDRAISER

Aggregate Year-to-Date

1625.00

Date of Receipt

03/27/2019

Amount of Each Receipt this Period

1625.00

Memo Item checkbox

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ARAGON, JAMES

Mailing Address

5201 EMERALD BAY COURT

City

FAIRFIELD

State

CA

Zip Code

94534

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

ARAGON TECH SOLUTIONS

Occupation (for Individual)

INSTRUCTOR

Receipt For:

Primary, General, Other (specify) checkboxes

JOINT FUNDRAISER

Aggregate Year-to-Date

120.00

Date of Receipt

03/29/2019

Amount of Each Receipt this Period

120.00

Memo Item checkbox

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRIDGES, DAVID

Mailing Address

497 MONTECITO BLVD

City

NAPA

State

CA

Zip Code

94559

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

NONE

Receipt For:

Primary, General, Other (specify) checkboxes

JOINT FUNDRAISER

Aggregate Year-to-Date

250.00

Date of Receipt

03/30/2019

Amount of Each Receipt this Period

250.00

Memo Item checkbox

SUBTOTAL of Receipts This Page (optional)

1995.00

TOTAL This Period (last page this line number only) SEE PAGE 9

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 OF 14	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. DORTHY VARLAND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
1370 GARDEN AVE

City **ST. HELENA** State **CA** Zip Code **94574**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **NONE**

Receipt For:
 Primary General
 Other (specify) **JOINT FUNDRAISER**

Aggregate Year-to-Date **160.00**

Date of Receipt
03 / 30 / 2019

Amount of Each Receipt this Period
160.00

Memo Item

B. MICHAEL APPLIGATE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
P.O. BOX 2213

City **YOUNTVILLE** State **CA** Zip Code **94599**

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

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **NONE**

Receipt For:
 Primary General
 Other (specify) **JOINT FUNDRAISER**

Aggregate Year-to-Date **240.00**

Date of Receipt
03 / 30 / 2019

Amount of Each Receipt this Period
240.00

Memo Item

C. MATHEW ALEXANDER
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
2051 W. PUEBLO AVE

City **NAPA** State **CA** Zip Code **94558**

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

Name of Employer (for Individual) **CITY OF EL CERRITO** Occupation (for Individual) **PARA MEDIC**

Receipt For:
 Primary General
 Other (specify) **JOINT FUNDRAISER**

Aggregate Year-to-Date **375.00**

Date of Receipt
03 / 30 / 2019

Amount of Each Receipt this Period
375.00

Memo Item

SUBTOTAL of Receipts This Page (optional) **775.00**

TOTAL This Period (last page this line number only) **SEE PAGE 9**

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

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

FOR LINE NUMBER: PAGE **9** OF **14**

(check only one)

<input 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
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NAME OF COMMITTEE (In Full)

NIAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HELEN NELSON		Date of Receipt 03 / 31 / 2019
Mailing Address 1326 SYLVANER AVE.		Amount of Each Receipt this Period 170.00
City ST. HELENA	State Zip Code CA 94574	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 170.00
Name of Employer RETIRED	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ JOINT FUNDRAISER		

B. Full Name (Last, First, Middle Initial) MARTHA GREEN		Date of Receipt 03 / 31 / 2019
Mailing Address 1600 PHILLIPS ROAD		Amount of Each Receipt this Period 240.00
City YUBA CITY	State Zip Code CA 95991	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00
Name of Employer RETIRED	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ JOINT FUNDRAISER		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	410.00
TOTAL This Period (last page this line number only).....▶	7430.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. **D'SOUZA, DINESH MEDIA**

03 / 22 / 2019

Mailing Address

4655 CASS STREET, STE 304

City **SAN DIEGO**

State **CA**

Zip Code **92109**

Purpose of Disbursement

DEPOSIT FOR SPEAKING ENGAGEMENT

Candidate Name

Category/Type

FEC Identification Number

C

Amount of Each Disbursement this Period

5,000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. **BRANDON STRAKA**

03 / 22 / 2019

Mailing Address

1872 LEXINGTON AVE STE 242

City **NEW YORK**

State **NY**

Zip Code **10035**

Purpose of Disbursement

DEPOSIT FOR SPEAKING ENGAGEMENT

Candidate Name

Category/Type

FEC Identification Number

C

Amount of Each Disbursement this Period

2,500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. ~~.....~~

~~.....~~

~~Mailing Address~~

~~City~~

~~State~~

~~Zip Code~~

~~Purpose of Disbursement~~

~~Candidate Name~~

~~Category/Type~~

~~FEC Identification Number~~

~~C~~

~~Amount of Each Disbursement this Period~~

~~.....~~

~~Office Sought:~~

~~House
 Senate
 President~~

~~Disbursement For:~~

~~Primary General
 Other (specify) ▼~~

~~State:~~

~~District:~~

~~Memo Item~~

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

.....

7,500.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **11** OF **14**
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS

Date Incurred Date Due Interest Rate Secured:
 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to **LINE 3**, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

20160501 10:10:10 AM

VOID

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

P.12 OF 14

Supplementary for Information found on Page ___ of Schedule C

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE		FEC IDENTIFICATION NUMBER C 00 455 659
--	--	--

LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR)
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: What is the value of this collateral?
Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: Address: City, State, Zip: Date account established:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name Signature DATE

H. Attach a signed copy of the loan agreement.
I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name Signature Title DATE

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

[Empty box for Outstanding Balance Beginning This Period]

Amount Incurred This Period

[Empty box for Amount Incurred This Period]

Payment This Period

[Empty box for Payment This Period]

Outstanding Balance at Close of This Period

[Empty box for Outstanding Balance at Close of This Period]

- 1) **SUBTOTALS** This Period This Page (optional)..... ▶
- 2) **TOTALS** This Period (last page this line number only)..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

[Empty boxes for summary totals]

2016 RELEASE UNDER E.O. 14176

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C004556591
--	--

Check if 24-hour report 48-hour report >> New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date / /

Federal Election Commission
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