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Image# 12940888200

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An A	uthorized Com	mittee			Office Use Only
NAME OF COMMITTEE (in fu	TYPE OR PRINT		cample: If typin ver the lines.	g, type	12FE4M5	
Debbie Bacigalu	upi for Congress					
<u> </u>						
ADDRESS (number and	PO Box 657 street)					
▼ Check if diffe	rent					
than previous reported. (AC	ly San Carlos				CA	94070
2. FEC IDENTIFICA	ATION NUMBER ▼	CITY			STATE	ZIP CODE A STATE ▼ DISTRICT
C C00516799		3. IS THIS REPORT	× NEW	OR	AMEND (A)	
4. TYPE OF REPO	ORT (Choose One)	(b) 12-Day PRE	-Election Repo	ort for the		
(a) Quarterly Rep	ports:	(b) 12-Day File			Canaval (1	Dune# (10D)
April 15 C	Quarterly Report (Q1)	H	Primary (12P)	_	General (1	
July 15 C	Quarterly Report (Q2)	ш	Convention (12C)	Special (1	2S)
October ⁻	15 Quarterly Report (Q3)	Election on	M M /	D D /	Y " Y " Y	in the State of
January 3	31 Year-End Report (YE)	(c) 30-Day POS	ST -Election Rep	oort for the:		
		×	General (30G	i)	Runoff (30	OR) Special (30S)
Terminatio	on Report (TER)	Election on	M M /	06	y y y y y 2012	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2012	through	м м 11	/ D D /	Y Y Y Y Y 2012
I certify that I have exa	amined this Report and to	the best of my kr	nowledge and	belief it is tr	ue, correct and	d complete.
Type or Print Name of	Treasurer Nancy L. Warr	ren				
Signature of Treasurer	Nancy L. Warren		[Electronically I	Filed] D	Date 12	/ D D / Y Y Y Y Y 2012
NOTE: Submission of fa	ulse, erroneous, or incomple	te information may	subject the per	son signing t	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name

Debbie Bacigalupi for Congress

10 11 26 2012 18 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 574.61 32312.58 (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) 574.61 32312.58 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 4432.69 19234.50 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 4432.69 19234.50 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 13123.08 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 6901.95 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

Debbie Bacigalupi for Congress

	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)	274.61	22036.58
	(ii) Unitemized	300.00	7276.00
	(iii) TOTAL of contributions from individuals	574.61	29312.58
`	Political Party Committees Other Political Committees	0.00	0.00
((such as PACs)	0.00	3000.00
`	d) The Candidatee) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	574.61	32312.58
	RANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	OANS: a) Made or Guaranteed by the		
(6	a) Made or Guaranteed by the Candidate	0.00	0.00
`	o) All Other Loans	0.00	0.00
(0	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	45.00
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	574.61	32357.58

DETAILED SUMMARY PAGE

of Disbursements PAGE 4 / 10 FEC Form 3 (Revised 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	4432.69	19234.50
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)	4432.69	19234.50
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	16981.16
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	574.61
25.	SUBTOTAL (add Line 23 and Line 24)		17555.77
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	4432.69
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	13123.08

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 10 (check only one) 11a 11b 11d 11c 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page 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) Debbie Bacigalupi for Congress Full Name (Last, First, Middle Initial) Debbie Bacigalupi Date of Receipt Mailing Address 250 Shelford Avenue 10 2012 28 City State Zip Code Transaction ID : NONA362 CA 94070 San Carlos FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 274.61 Name of Employer Occupation In-Kind Contribution for telephone and office expenses Self-employed (same name) Consultant Receipt For: 2012 Election Cycle-to-Date Primary X General 4996.58 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 274.61 SUBTOTAL of Receipts This Page (optional)..... 274.61 TOTAL This Period (last page this line number only).....

S

	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	-	Use separate scl for each categor Detailed Summar	nedule(s) (y of the	FOR LINE NUMBER: PAGE 6 OF 10 check only one) X 17
	for commercial purposes, other than us				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Debbie Bacigalupi for Cong	ress			
Α.	Full Name (Last, First, Middle Initial) Signs Now				Date of Disbursement
	Mailing Address 1128 Sibley St. Unit B				10 19 2012
	City Folsom Purpose of Disbursement	State CA	Zip Code 95630		Amount of Each Disbursement this Period
	Signs, Banners, Posters Candidate Name			004 Category/	Transaction ID : EXPB295
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General	Type	
_	State: District: Full Name (Last, First, Middle Initial)				
B.	Signs Now Mailing Address 1128 Sibley St. Unit B				Date of Disbursement M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City Folsom	State CA	Zip Code 95630		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign Signs and Banners Candidate Name			004 Category/ Type	Transaction ID : EXPB344
	Office Sought: House Senate President State: District:	Disbursement For Primary Other (s	Meneral General	ј Турс	
	Full Name (Last, First, Middle Initial)				Date of Disbursement
C.	Debbie Bacigalupi Mailing Address 250 Shelford Avenue				— M M / D D / Y Y Y Y Y 10 28 2012
	City San Carlos Purpose of Disbursement	CA 9	p Code 4070		Amount of Each Disbursement this Period
	In-Kind Contribution for telephone and o Candidate Name	ffice expenses		Category/ Type	Transaction ID : NONB362
	Office Sought: House Senate President	Disbursement For Primary Other (s	X General	1 26.5	
	State: District:		. ,,		

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

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

4347.22

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBER	₹:		PAGE	7	OF	10
Use separate schedule(s)	(check on	ly one)		_				
for each category of the Detailed Summary Page	X	17		18		19a		19b
Detailed Suffillary Fage		20a		20b		20c		21
ay not be sold or used by any	person for	the purpo	se	of so	liciting	cont	ributio	ons

			20a 20b 20c 21
	y information copied from such Reports and Statements may not be sold or u for commercial purposes, other than using the name and address of any polit		
\	NAME OF COMMITTEE (In Full)		
\rangle	Debbie Bacigalupi for Congress		
	Full Name (Last, First, Middle Initial)		
۹.	Best Merchant Bankcard		Date of Disbursement
	Mailing Address 3 Western MD Pkwy.		11 03 2012
	City State Zip Code		Amount of Each Disbursement this Period
	Hagerstown MD 21740		
	Purpose of Disbursement		74.57
	Merchant Service Fee	003	Transaction ID : EXPB352
	Candidate Name	Category/ Type	
	Office Sought: House Disbursement For: 2012		
	Senate Primary General		
	President Other (specify)		
	State: District:		
	Full Name (Last, First, Middle Initial)		
3.	Best Merchant Bankcard		Date of Disbursement
	Mailing Address 3 Western MD Pkwy.		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code		Amount of Each Dishares and this D. C. I.
	Hagerstown MD 21740		Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Service Fee	003	10.00
	Candidate Name		Transaction ID : EXPB353
		Category/ Type	
	Office Sought: Disbursement For: 2012	-	
	Senate Primary General		
	President Other (specify)		
	State: District:		
	Full Name (Last, First, Middle Initial)		
Э.			Date of Disbursement
	Madition Address		M M / D D / Y Y Y
	Mailing Address		
	City State Zip Code		
	State ZIP Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
	Candidate Name	Category/ Type	
	Office Sought: Disbursement For:		
	Senate Primary General		
	President Other (specify)		
	State: District:		
SI	UBTOTAL of Disbursements This Page (optional)		84.57
	○ ((F) = 0)	<u> </u>	
Т	OTAL This Period (last page this line number only)		4431.79

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

10

NAME OF COMMITTEE (In Full)	
Debbie Bacigalupi for Congres	3.5

Debbie Bacigalupi for C	ongress	
A. Full Name (Last, First, Middle Initial) of Debtor Barragan Construction Corporatio		Nature of Debt (Purpose): Billboard Installation
Mailing Address 3610 Martin Dr.		
City State San Mateo	Zip Code CA 94403	
Outstanding Balance Beginning This Period 900.00		Transaction ID : PAYD359
Amount Incurred This Period 0.00	Payment This Perio	Outstanding Balance at Close of This Period 0.00 900.00
B. Full Name (Last, First, Middle Initial) of Debtor of Frank S. Hensley	or Creditor	Nature of Debt (Purpose): Permits & tabling
Mailing Address 3734 Caravella Dr.		
City State San Jose	Zip Code CA 95117	
Outstanding Balance Beginning This Period 320.00		Transaction ID : PAYD83
Amount Incurred This Period	Payment This Period	od Outstanding Balance at Close of This Period
0.00	7 7	0.00 320.00
C. Full Name (Last, First, Middle Initial) of Debtor Frank S. Hensley	or Creditor	Nature of Debt (Purpose): Campaign Materials, Travel Expenses, Advertising Expenses
Mailing Address 3734 Caravella Dr.		
City San Jose	State Zip Code CA 95117	
Outstanding Balance Beginning This Period 963.72		Transaction ID : PAYD291
Amount Incurred This Period	Payment This Perio	od Outstanding Balance at Close of This Period
0.00	7 7 7	0.00 963.72
1) SUBTOTALS This Period This Page (optional)		2183.72
2) TOTALS This Period (last page this line number of	only)	>
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	···················
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last p	page only) ►

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

10

NAME OF COMMITTEE (In Full)

	r or Creditor		Nature of Debt (Purpose):
Frank S. Hensley			Printing Expense, Travel Expense, Office Expense
Mailing Address 3734 Caravella Dr.			
City State	Zip Code		
San Jose	CA	95117	
Outstanding Balance Beginning This Period			Transaction ID : PAYD292
1009.27			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	1009.27
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Sungold Litho			
Mailing Address 619 Carolina Street			
City State	Zip Code		
San Francisco	CA	94107	
Outstanding Balance Beginning This Period			Transaction ID : PAYD356
1295.18			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	1295.18
C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
Warren and Associates LLC			Political compliance & treasurer services
Mailing Address 20 Galli Drive Suite A			
City	State	Zip Code	
Novato	CA	94949-5731	
Outstanding Balance Beginning This Period			Transaction ID : PAYD261
Outstanding balance beginning This Feriod			
487.50			
	Payı	ment This Period	Outstanding Balance at Close of This Period
487.50 Amount Incurred This Period	Payı		Outstanding Balance at Close of This Period
487.50	Pay	ment This Period 0.00	
487.50 Amount Incurred This Period		0.00	
Amount Incurred This Period 0.00	,	0.00	487.50
Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional)	only)	0.00	487.50

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

:		
		9
	X	10

10

NAME OF COMMITTEE (In Full)

Debbie Bacidaluni for Congress

A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
Warren and Associates LLC	or ordanor		Political compliance and treasurer services
Mailing Address 20 Galli Drive			<u> </u>
Suite A			
City State	Zip Code		
Novato	CA	94949-5731	
Outstanding Balance Beginning This Period			Transaction ID : PAYD336
1427.15			
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
0.00		0.00	1427.15
0.00	7	0.00	, , , , ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Warren and Associates LLC			Political compliance and treasurer services
Mailing Address 20 Galli Drive			
Mailing Address 20 Galli Drive Suite A			
City State	Zip Code		
Novato	CA	94949-5731	
Outstanding Balance Beginning This Period			Transaction ID: PAYD355
0.00			
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
	ı ayıı		
499.13		0.00	499.13
	7	/	
C. Full Name (Last. First. Middle Initial) of Debto	r or Creditor	,	Nature of Deht (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	<u> </u>	Nature of Debt (Purpose):
	r or Creditor	,	Nature of Debt (Purpose):
C. Full Name (Last, First, Middle Initial) of Debto Mailing Address	r or Creditor	,	Nature of Debt (Purpose):
	r or Creditor	Zip Code	Nature of Debt (Purpose):
Mailing Address City		Zip Code	Nature of Debt (Purpose):
Mailing Address		Zip Code	Nature of Debt (Purpose):
Mailing Address City Outstanding Balance Beginning This Period	State	<u>, </u>	
Mailing Address City	State	Zip Code	
Mailing Address City Outstanding Balance Beginning This Period	State	<u>, </u>	Nature of Debt (Purpose): Outstanding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period	State	<u>, </u>	
Mailing Address City Outstanding Balance Beginning This Period	State	nent This Period	
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period SUBTOTALS This Period This Page (optional)	State	nent This Period	Outstanding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	State	nent This Period	Outstanding Balance at Close of This Period
Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period SUBTOTALS This Period This Page (optional)	State Paym only)	nent This Period	Outstanding Balance at Close of This Period