

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Mitchum 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))....	25384.56	53216.56
(b) Total Contribution Refunds (from Line 20(d))	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23384.56	51216.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40484.93	149770.21
(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)).....	40484.93	149770.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10792.85	
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).....	218197.63	

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

Mitchum 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).....	23220.56	46413.56
(ii) Unitemized.....	2164.00	6803.00
(iii) TOTAL of contributions from individuals ▶	25384.56	53216.56
(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))..	25384.56	53216.56
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	20000.00	112000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	112000.00
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)..... ▶	45384.56	165216.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40484.93	149770.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	5000.00	5000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2000.00	2000.00
(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)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47484.93	156770.21

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12893.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45384.56
25. SUBTOTAL (add Line 23 and Line 24).....	58277.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47484.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10792.85

**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 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Michael Hendrickson

Mailing Address 3700 Monterey Rd

City Atascadero State CA Zip Code 93422

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

Name of Employer Premier Agent Network Occupation Real Estate Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : INCA756

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Lynn Compton

Mailing Address PO Box 2211

City Nipomo State CA Zip Code 93444

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

Name of Employer self Occupation Business owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : INCA777

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Thomas S. Hogan

Mailing Address PO Box 12

City Brooksville State FL Zip Code 34605

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : INCA784

Amount of Each Receipt this Period
 2500.00

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

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

3000.00

**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 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Mark E. Kastner

Mailing Address 9500 Corriente Road

City Atascadero State CA Zip Code 93422

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 22 / 2014

Transaction ID : INCA821

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Glen Holden

Mailing Address 333 Bel Air Rd

City Los Angeles State CA Zip Code 90077

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

Name of Employer Occupation
 Self-Employed Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : INCA811

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 0.00

C. Full Name (Last, First, Middle Initial)
Michael Connors

Mailing Address 7408 5th Ave

City Brooklyn State NY Zip Code 11209

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

Name of Employer Occupation
 Connors and Sullivan Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : INCA813

Amount of Each Receipt this Period
 500.00

Amount of Each Receipt this Period
 500.00

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

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

1750.00

**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 7 OF 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Glen Holden

Mailing Address 333 Bel Air Rd

City Los Angeles State CA Zip Code 90077

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : INCA817

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Linda Kennedy

Mailing Address 4576 Royal Oak Road

City Santa Maria State CA Zip Code 93455

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : INCA842

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Bradley Dye

Mailing Address 15421 Technology Drive

City Brooksville State FL Zip Code 34604

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

Name of Employer Corporate Jet Solutions Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : INCA902

Amount of Each Receipt this Period
250.00

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 8 OF 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Michael Honeycutt

Mailing Address 1533 Santa Barbara Drive

City State Zip Code
Dunedin FL 34698

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

Name of Employer Occupation
JETICU President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : INCA850

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Honeycutt

Mailing Address 1533 Santa Barbara Drive

City State Zip Code
Dunedin FL 34698

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

Name of Employer Occupation
MTA President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2014

Transaction ID : INCA848

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Deborah F. Hogan

Mailing Address 20 South Broad Street

City State Zip Code
Brooksville FL 34601

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

Name of Employer Occupation
The Hogan Law Firm Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1688.73

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : NONA900

Amount of Each Receipt this Period
1688.73

In-kind: Catering, valet, banner & pre-event luncheon (6/23/14)

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

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

2188.73

**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 9 OF 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Charles Randall Smith

Mailing Address 11150 LuWista Lane

City Brooksville State FL Zip Code 34601

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

Name of Employer State of Florida Occupation U.S. Congressman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : NONA901

Amount of Each Receipt this Period
250.00

In-kind: Valet services for 6/23/14 fundraiser

B. Full Name (Last, First, Middle Initial)
Christopher Arend

Mailing Address 9610 Nacimiento Lake Drive

City Paso Robles State CA Zip Code 93446

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

Name of Employer State Self-Employed Occupation Legal Translator (English/German)

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA868

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jeff Berdass

Mailing Address 19606 Autumn Oak Lane

City Brooksville State FL Zip Code 34601

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

Name of Employer State Sunshine Nylon & Automotive Products, Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA881

Amount of Each Receipt this Period
300.00

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

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

1050.00

**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 10 OF 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Michael J. Georgini Jr.

Mailing Address P.O. Box 26

City Oxford State FL Zip Code 34484

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

Name of Employer Mid Florida Community Services Inc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA883

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Michael J. Georgini Jr.

Mailing Address P.O. Box 26

City Oxford State FL Zip Code 34484

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

Name of Employer Mid Florida Community Services Inc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA882

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Blaise Ingoglia

Mailing Address 12494 Feather Street

City Spring Hill State FL Zip Code 34609

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

Name of Employer Republican Party of Florida Occupation Vice Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA887

Amount of Each Receipt this Period
500.00

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

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

750.00

**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 11 OF 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Mark E. Kastner

Mailing Address 9500 Corriente Road

City Atascadero State CA Zip Code 93422

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : INCA867

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Linda Kennedy

Mailing Address 4576 Royal Oak Road

City Santa Maria State CA Zip Code 93455

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : INCA876

Amount of Each Receipt this Period
2450.00

C. Full Name (Last, First, Middle Initial)
Carmine A. Martignetti

Mailing Address 38 Suffolk Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Occupation
Martignetti Companies Wine & Spirits Distributor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : INCA874

Amount of Each Receipt this Period
500.00

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

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

3200.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 12 OF 40

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NAME OF COMMITTEE (In Full)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth A. Milias

Mailing Address P.O. Box 4662

City State Zip Code
 Aspen CO 81612

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

Name of Employer Occupation
 Self-Employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA872

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Santa Barbara County Elections

Mailing Address 4440-A Calle Real

City State Zip Code
 Santa Barbara CA 93110

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 5681.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : PAYA904

Amount of Each Receipt this Period
 5681.83

Candidate Statement refund

C. Full Name (Last, First, Middle Initial)
Geannie Holden Sheller

Mailing Address 501 Oakhampton Street

City State Zip Code
 Westlake Village CA 91361

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

Name of Employer Occupation
 Polo Training Center President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA877

Amount of Each Receipt this Period
 2000.00

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

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

8181.83

**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 13 OF 40	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Wilton Simpson

Mailing Address **PO Box 721**

City **Trilby** State **FL** Zip Code **33593**

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

Name of Employer **Simpson Environmental Services, Inc.** Occupation **Principal**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : INCA888

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
R. Victor Taglia

Mailing Address **P.O. Box 10568**

City **Brooksville** State **FL** Zip Code **34603**

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

Name of Employer **Dial One, LC** Occupation **Principal**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : INCA885

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Edward Veek

Mailing Address **5725 Chauplin Avenue**

City **Atascadero** State **CA** Zip Code **93422**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
908.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : INCA869

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 14 OF 40
	<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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Pamela S. Wilfong

Mailing Address 21033 Violet Road

City Brooksville State FL Zip Code 34601

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

Name of Employer Self-Employed Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : INCA884

Amount of Each Receipt this Period
 500.00

B. 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

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).....

500.00

23220.56

**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 15 OF 40
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial)
Christopher Mitchum (Personal Funds)

Mailing Address P.O. Box 50851

City Santa Barbara State CA Zip Code 93150-0851

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

Name of Employer Self-Employed Occupation Actor/Writer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **180080.56**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : PAYA782

Amount of Each Receipt this Period
20000.00

B. 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

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).....	20000.00
TOTAL This Period (last page this line number only).....	20000.00

**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 16 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 18.07
City Sacramento State CA Zip Code 95816	Purpose of Disbursement Credit Card processing charges	
Candidate Name	Category/Type 001	Transaction ID : EXPB780
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. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 34.00
City Sacramento State CA Zip Code 95816	Purpose of Disbursement Credit Card processing charges	
Candidate Name	Category/Type 001	Transaction ID : EXPB818
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) C. Seaside Communications, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1317 Santa Barbara Street		Amount of Each Disbursement this Period 1450.00
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement TV Buy	
Candidate Name	Category/Type 004	Transaction ID : EXPB785
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).....	1502.07
TOTAL This Period (last page this line number only).....	

**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 17 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Space Promotions		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 840 Harris Road		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB792
City Placerville	State CA	
Zip Code 95667	Purpose of Disbursement Campaign Manager Services	Category/ Type 001
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. TabCommunications, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 5016 Lena Way		Amount of Each Disbursement this Period 19088.97 Transaction ID : EXPB789
City Fair Oaks	State CA	
Zip Code 95628	Purpose of Disbursement Design, printing & postage for mailer	Category/ Type 006
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) c. TabCommunications, Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 5016 Lena Way		Amount of Each Disbursement this Period 3000.00 Transaction ID : EXPB786
City Fair Oaks	State CA	
Zip Code 95628	Purpose of Disbursement Campaign Consultant Services	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	25588.97
TOTAL This Period (last page this line number only).....	

**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 18 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 354.11
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer Services	Category/Type 001	Transaction ID : EXPB804
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. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 450.00
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer Services	Category/Type 001	Transaction ID : EXPB794
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) c. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 970.32
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer Services	Category/Type 001	Transaction ID : EXPB806
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:		

SUBTOTAL of Disbursements This Page (optional).....	1774.43
TOTAL This Period (last page this line number only).....	

**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 19 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 176.20
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer services	Category/Type 001	Transaction ID : EXPB798
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. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 126.46
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer Services	Category/Type 001	Transaction ID : EXPB802
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) c. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 78.70
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer Services	Category/Type 001	Transaction ID : EXPB800
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:		

SUBTOTAL of Disbursements This Page (optional).....	381.36
TOTAL This Period (last page this line number only).....	

**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 20 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. VLC Financial Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 450.00 Transaction ID : EXPB796
City Elk Grove	State CA Zip Code 95624	
Purpose of Disbursement Treasurer Services	Category/Type 001	
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. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 3.75 Transaction ID : EXPB819
City Sacramento	State CA Zip Code 95816	
Purpose of Disbursement Credit Card processing charges	Category/Type 001	
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) C. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 65.50 Transaction ID : EXPB825
City Sacramento	State CA Zip Code 95816	
Purpose of Disbursement Credit Card processing charges	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	519.25
TOTAL This Period (last page this line number only).....	

**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 21 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 103.87 Transaction ID : EXPB835
City Sacramento State CA Zip Code 95816	Purpose of Disbursement Credit Card processing charges Candidate Name Category/Type 001	
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. Ampersand Broadcasting, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1317 Santa Barbara Street		Amount of Each Disbursement this Period 300.00 Transaction ID : EXPB827
City Santa Barbara State CA Zip Code 93101	Purpose of Disbursement TV Production Candidate Name Category/Type 004	
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) C. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 17.92 Transaction ID : EXPB845
City Sacramento State CA Zip Code 95816	Purpose of Disbursement Credit Card processing charges Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	421.79
TOTAL This Period (last page this line number only).....	

**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 22 OF 40	
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Rodney Stanhope		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 840 Harris Road		Amount of Each Disbursement this Period 2625.00 Transaction ID : EXPB846
City Placerville	State CA	
Zip Code 95667	Purpose of Disbursement Campaign Manager Services	Category/ Type 001
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. eFundraising Connections		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 40.50 Transaction ID : EXPB853
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement Credit Card processing charges	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Deborah F. Hogan		Date of Disbursement MM / DD / YYYY 06 / 23 / 2014
Mailing Address 20 South Broad Street		Amount of Each Disbursement this Period 1688.73 Transaction ID : NONB900
City Brooksville	State FL	
Zip Code 34601	Purpose of Disbursement In-kind: Catering, valet, banner & pre-event luncheon (6/23/14)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4354.23
TOTAL This Period (last page this line number only).....	

**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 23 OF 40			
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Charles Randall Smith		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 11150 LuWista Lane		Amount of Each Disbursement this Period 250.00 Transaction ID : NONB901
City Brooksville	State FL	
Zip Code 34601	Purpose of Disbursement In-kind: Valet services for 6/23/14 fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 7.00 Transaction ID : EXPB891
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement Credit Card processing charges	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. eFundraising Connections		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2131 Capitol Avenue, Ste. 306		Amount of Each Disbursement this Period 3.50 Transaction ID : EXPB892
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement Credit Card processing charges	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	260.50
TOTAL This Period (last page this line number only).....	

**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 24 OF 40	
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Christopher Mitchum (Personal Funds)		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 50851		Amount of Each Disbursement this Period 5681.83
City Santa Barbara	State CA	Zip Code 93150-0851
Purpose of Disbursement Candidate Statement refund	Category/Type	
Candidate Name	Transaction ID : PAYBFT904	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Santa Barbara County Elections		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4440-A Calle Real		Amount of Each Disbursement this Period 8730.00
City Santa Barbara	State CA	Zip Code 93110
Purpose of Disbursement Filing Fees	Category/Type 001	
Candidate Name	Transaction ID : PDTB77PAYBFT904	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1500 11th Street		Amount of Each Disbursement this Period 1687.80
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Filing Fees	Category/Type 001	
Candidate Name	Transaction ID : PDTB78PAYBFT904	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**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 25 OF 40	
	<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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Santa Barbara County Elections		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4440-A Calle Real		Amount of Each Disbursement this Period 5681.83
City Santa Barbara State CA Zip Code 93110	Purpose of Disbursement Candidate Statement refund	
Candidate Name		Category/Type
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 : PAYB904
State: District:		

Full Name (Last, First, Middle Initial) B. Santa Barbara County Elections		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4440-A Calle Real		Amount of Each Disbursement this Period 0.00
City Santa Barbara State CA Zip Code 93110	Purpose of Disbursement Candidate Statement refund	
Candidate Name		Category/Type
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 : PAYINTB904
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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).....	5681.83
TOTAL This Period (last page this line number only).....	40484.43

**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 26 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Christopher Mitchum (Personal Funds)		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. Box 50851		Amount of Each Disbursement this Period 5000.00
City Santa Barbara	State CA	
Zip Code 93150-0851	Purpose of Disbursement	Transaction ID : PAYB824
Candidate Name	Category/Type	
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 M M / D D / Y Y Y Y
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 M M / D D / Y Y Y Y
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).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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 27 OF 40			
	<input type="checkbox"/> 17 <input checked="" 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				

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)
Mitchum for Congress

Full Name (Last, First, Middle Initial) A. Glen Holden			Date of Disbursement MM / DD / YYYY 06 / 02 / 2014	
Mailing Address 333 Bel Air Rd			Amount of Each Disbursement this Period 2000.00	
City Los Angeles	State CA	Zip Code 90077	Transaction ID : EXPB826	
Purpose of Disbursement Refund		Category/ Type 010		
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).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mitchum for Congress** Transaction ID : **PAYC375**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Mitchum (Personal Funds)	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 50851	

City	State	ZIP Code
Santa Barbara	CA	93150-0851

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	12500.00	47500.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 25 / Y 2012	M M / D D / Y 06/30/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	47500.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mitchum for Congress** Transaction ID : **PAYC547**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Mitchum (Personal Funds)	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 50851	

City	State	ZIP Code
Santa Barbara	CA	93150-0851

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 15 / 2013	06/30/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	2000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mitchum for Congress** Transaction ID : **PAYC647**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Mitchum (Personal Funds)	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 50851	

City	State	ZIP Code
Santa Barbara	CA	93150-0851

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 24 / 2014	06/30/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	10000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Mitchum for Congress** Transaction ID : **PAYC676**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Mitchum (Personal Funds)	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 50851	

City	State	ZIP Code
Santa Barbara	CA	93150-0851

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	50000.00
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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Mitchum for Congress** Transaction ID : **PAYC741**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Christopher Mitchum (Personal Funds)

Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 50851

City State ZIP Code
 Santa Barbara CA 93150-0851

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 04 / D 28 / Y 2014
 Date Due: M M / D D / Y 12/31/2014
 Interest Rate: 0.00 % (apr)
 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).....	▶	30000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mitchum for Congress** Transaction ID : **PAYC782**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher Mitchum (Personal Funds)	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 50851	

City	State	ZIP Code
Santa Barbara	CA	93150-0851

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	5000.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 20 / Y 2014 Y	M M / D D / Y 12/31/2014 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	15000.00
TOTALS This Period (last page in this line only).....	154500.00

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

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 34 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Mitchum (Personal Funds)	Nature of Debt (Purpose): Filing Fees
Mailing Address P.O. Box 50851	
City State Zip Code Santa Barbara CA 93150-0851	

Outstanding Balance Beginning This Period 10417.80	Transaction ID : PAYD685	
Amount Incurred This Period -5681.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 4735.97

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Mitchum (Personal Funds)	Nature of Debt (Purpose): Printing & postage for invitations & mailers
Mailing Address P.O. Box 50851	
City State Zip Code Santa Barbara CA 93150-0851	

Outstanding Balance Beginning This Period 3166.74	Transaction ID : PAYD686	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3166.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Mitchum (Personal Funds)	Nature of Debt (Purpose): Website Maintenance
Mailing Address P.O. Box 50851	
City State Zip Code Santa Barbara CA 93150-0851	

Outstanding Balance Beginning This Period 833.00	Transaction ID : PAYD687	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 833.00

1) SUBTOTALS This Period This Page (optional)	8735.71
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) ▶	

SCHEDULE D (FEC Form 3)

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)

Mitchum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Christopher Mitchum (Personal Funds)

Nature of Debt (Purpose):
Travel: Candidate fuel, lodging, airfare & parking

Mailing Address P.O. Box 50851

City State Zip Code
Santa Barbara CA 93150-0851

Outstanding Balance Beginning This Period

1878.85

Transaction ID : PAYD688

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1878.85

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Christopher Mitchum (Personal Funds)

Nature of Debt (Purpose):
Collateral material, online software, voter list & media buy

Mailing Address P.O. Box 50851

City State Zip Code
Santa Barbara CA 93150-0851

Outstanding Balance Beginning This Period

23295.25

Transaction ID : PAYD895

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23295.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Christopher Mitchum (Personal Funds)

Nature of Debt (Purpose):
TV & Radio advertising

Mailing Address P.O. Box 50851

City State Zip Code
Santa Barbara CA 93150-0851

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD773

Amount Incurred This Period

16528.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

16528.73

- 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) ▶

41702.83

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Mitchum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Mitchum (Personal Funds)	Nature of Debt (Purpose): Online services, media buy & advertising
Mailing Address P.O. Box 50851	
City State Zip Code Santa Barbara CA 93150-0851	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD894	
Amount Incurred This Period 9689.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 9689.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Mitchum (Personal Funds)	Nature of Debt (Purpose): Online services
Mailing Address P.O. Box 50851	
City State Zip Code Santa Barbara CA 93150-0851	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD896	
Amount Incurred This Period 836.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 836.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Christopher Mitchum (Personal Funds)	Nature of Debt (Purpose): Candidate airfare to Florida for fundraising event (6/22/14 - 6/24/14)
Mailing Address P.O. Box 50851	
City State Zip Code Santa Barbara CA 93150-0851	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD899	
Amount Incurred This Period 1434.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1434.00

1) SUBTOTALS This Period This Page (optional)	11960.19
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) ▶	

SCHEDULE D (FEC Form 3)

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)

Mitchum for Congress

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

Nature of Debt (Purpose):
Campaign Manager Services

Mailing Address 840 Harris Road

City State Zip Code
Placerville CA 95667

Outstanding Balance Beginning This Period
3500.00

Transaction ID : PAYD791

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 3500.00 0.00

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

Nature of Debt (Purpose):
Campaign Consultant Services

Mailing Address 5016 Lena Way

City State Zip Code
Fair Oaks CA 95628

Outstanding Balance Beginning This Period
3000.00

Transaction ID : PAYD771

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 3000.00 0.00

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

Nature of Debt (Purpose):
Design, printing & postage for mailer

Mailing Address 5016 Lena Way

City State Zip Code
Fair Oaks CA 95628

Outstanding Balance Beginning This Period
19088.97

Transaction ID : PAYD788

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 19088.97 0.00

- 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) ▶

0.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Mitchum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services	Nature of Debt (Purpose): Treasurer services
Mailing Address 9321 Silverbend Lane	
City State Zip Code Elk Grove CA 95624	

Outstanding Balance Beginning This Period 176.20	Transaction ID : PAYD568	
Amount Incurred This Period 0.00	Payment This Period 176.20	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services	Nature of Debt (Purpose): Treasurer Services
Mailing Address 9321 Silverbend Lane	
City State Zip Code Elk Grove CA 95624	

Outstanding Balance Beginning This Period 78.70	Transaction ID : PAYD681	
Amount Incurred This Period 0.00	Payment This Period 78.70	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services	Nature of Debt (Purpose): Treasurer Services
Mailing Address 9321 Silverbend Lane	
City State Zip Code Elk Grove CA 95624	

Outstanding Balance Beginning This Period 450.00	Transaction ID : PAYD682	
Amount Incurred This Period 0.00	Payment This Period 450.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
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) ▶	

SCHEDULE D (FEC Form 3)

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)

Mitchum for Congress

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

Mailing Address 9321 Silverbend Lane

City State Zip Code
 Elk Grove CA 95624

Nature of Debt (Purpose):
 Treasurer Services

Outstanding Balance Beginning This Period **Transaction ID : PAYD683**
 126.46

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 126.46 0.00

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

Mailing Address 9321 Silverbend Lane

City State Zip Code
 Elk Grove CA 95624

Nature of Debt (Purpose):
 Treasurer Services

Outstanding Balance Beginning This Period **Transaction ID : PAYD684**
 354.11

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 354.11 0.00

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

Mailing Address 9321 Silverbend Lane

City State Zip Code
 Elk Grove CA 95624

Nature of Debt (Purpose):
 Treasurer Services

Outstanding Balance Beginning This Period **Transaction ID : PAYD769**
 970.32

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
 0.00 970.32 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
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) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Mitchum for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services		Nature of Debt (Purpose): Treasurer Services
Mailing Address 9321 Silverbend Lane		
City	State	Zip Code
Elk Grove	CA	95624

Outstanding Balance Beginning This Period	Transaction ID : PAYD770	
<input type="text" value="450.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="450.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services		Nature of Debt (Purpose): Treasurer Services
Mailing Address 9321 Silverbend Lane		
City	State	Zip Code
Elk Grove	CA	95624

Outstanding Balance Beginning This Period	Transaction ID : PAYD897	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="968.28"/>	<input type="text" value="0.00"/>	<input type="text" value="968.28"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VLC Financial Services		Nature of Debt (Purpose): Treasurer Services
Mailing Address 9321 Silverbend Lane		
City	State	Zip Code
Elk Grove	CA	95624

Outstanding Balance Beginning This Period	Transaction ID : PAYD898	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="330.62"/>	<input type="text" value="0.00"/>	<input type="text" value="330.62"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1298.90"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="63697.63"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="154500.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="218197.63"/>