

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

DOUG LAMALFA COMMITTEE

ADDRESS (number and street) 9458 TREELAKE RD.

Check if different than previously reported. (ACC)

GRANITE BAY CA 95746

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ C C00509422

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

STATE ▼ DISTRICT CA 01

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y in the State of  

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

- General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2019 through M M / D D / Y Y Y Y 09 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Bauer, David, , ,

Type or Print Name of Treasurer

Bauer, David, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y 11 / 16 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**DOUG LAMALFA COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	86282.15	335717.07
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	86282.15	335717.07
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	67047.14	150439.35
(b) Total Offsets to Operating Expenditures (from Line 14).....	48.83	1489.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66998.31	148949.91
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	343502.54	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	1528.86	

**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 05/2016)

Write or Type Committee Name

**DOUG LAMALFA COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	31783.15	158789.55
(ii) Unitemized .....	13499.00	19218.00
(iii) TOTAL of contributions from individuals .....	45282.15	178007.55
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	41000.00	157709.52
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	86282.15	335717.07
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	<b>9168.86</b>	<b>108298.03</b>
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	<b>48.83</b>	<b>1489.44</b>
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	<b>0.00</b>	<b>0.00</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	<b>95499.84</b>	<b>445504.54</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67047.14	150439.35
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 .....	4180.00	5120.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	71227.14	155559.35

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	319229.84
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	95499.84
25. SUBTOTAL (add Line 23 and Line 24).....	414729.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	71227.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	343502.54

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Sch. A line 11(a)(ii), Sch. B line 17

Form/Schedule:  
Transaction ID:

**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 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Uhland, Gerald, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 02 / 2019	
Mailing Address 9286 Stacey Anne			<b>Transaction ID : INCA6572</b>	
City Brown's Valley	State CA	Zip Code 95918	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Calplant I		Occupation CEO		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 600.00		

Full Name (Last, First, Middle Initial) <b>B. Barnum Timber Co.</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2019	
Mailing Address P.O. Box 1365			<b>Transaction ID : INCA6648</b>	
City EUREKA	State CA	Zip Code 95502	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer not incorporated		Occupation Partnership		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Barnum, Robert, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2019	
Mailing Address P.O. Box 1365			<b>Transaction ID : IDTA437</b>	
City EUREKA	State CA	Zip Code 95502	Amount of Each Receipt this Period _____ 1000.00	
FEC ID number of contributing federal political committee. C			<input checked="" type="checkbox"/> Memo Item	
Name of Employer Barnum Timber Co.		Occupation Partner		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 7 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Diethrich, JoAnn, , ,**

Mailing Address PO Box 1200  
1463 Highway 99

City Gridley State CA Zip Code 95948

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

Name of Employer self Occupation farmer

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 11 / 2019

Transaction ID : **INCA6636**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Taylor, audrey, , ,**

Mailing Address 2515 CEANOTHUS AVE  
STE 100

City CHICO State CA Zip Code 95973

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

Name of Employer Chabin Concepts Occupation Economic Development

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 11 / 2019

Transaction ID : **INCA6637**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Koehnen, Lisa, , ,**

Mailing Address 3100 State Highway 45

City Glenn State CA Zip Code 95943

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

Name of Employer retired Occupation retired

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

Transaction ID : **INCA6638**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**McGowan, Rich, , ,**

Mailing Address 30 Independence Cir. #300

City Chico State CA Zip Code 95973

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

Name of Employer RMF INC. Occupation Farmer

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2019

Transaction ID : **INCA6670**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kobseff, Michael, , ,**

Mailing Address 4314 North Old Stage Road  
4314 N OLD STAGE RD

City Mount Shasta State CA Zip Code 96067

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

Name of Employer County of Siskiyou Occupation County Supervisor

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2019

Transaction ID : **INCA6702**

Amount of Each Receipt this Period  
 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HARMON, MARTIN, , ,**

Mailing Address 4020 SIERRA COLLEGE BLVD., STE. 20

City Rocklin State CA Zip Code 95677

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

Name of Employer AUBURN MANOR HOLDING CORP. Occupation BUSINESSMAN

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2019

Transaction ID : **INCA6725**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2550.00

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



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

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

FOR LINE NUMBER: PAGE 9 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Conkey, Mary, , ,**

Mailing Address 735 Sunrise Ave., #200

City ROSEVILLE State CA Zip Code 95661

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

Name of Employer JR Conkey and Assoc. Occupation Pres.

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2376.15

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 19 2019

**Transaction ID : NONA6845**

Amount of Each Receipt this Period  
2376.15

Memo Item  
Fundraising event

**B.** Full Name (Last, First, Middle Initial)  
**THE CHICKASAW NATION, ., ., .**

Mailing Address 2020 LONNIE ABBOTT BLVD.

City ADA State OK Zip Code 74820

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

Name of Employer SOVEREIGN NATION Occupation INDIAN TRIBE

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 19 2019

**Transaction ID : INCA6731**

Amount of Each Receipt this Period  
2800.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DAUTERMAN, TOM, , ,**

Mailing Address 1301 CANYON RIM PL.

City Chico State CA Zip Code 95928

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

Name of Employer THOMAS WELDING & MACH., INC. Occupation MANAGER

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 20 2019

**Transaction ID : INCA6729**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6176.15

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

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

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

FOR LINE NUMBER: PAGE 10 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Buhler, Marguerite, , ,**

Mailing Address 110 Snapdragon Pl.

City Lincoln State CA Zip Code 95648

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

Name of Employer n/a Occupation Not employed

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : **INCA6757**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Harmon, Matthew, , ,**

Mailing Address 4020 Sierra College Blvd. #200

City ROCKLIN State CA Zip Code 95677

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

Name of Employer Self Occupation Consultant

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : **INCA6760**

Amount of Each Receipt this Period  
1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Keck, Kevin, , ,**

Mailing Address 1059 Wilhaggin Park Ln.

City Sacramento State CA Zip Code 95864

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

Name of Employer Bristol Hospice Occupation Physician

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : **INCA6740**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1850.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Owens, Kevin, , ,**

Mailing Address 7407 Allen Ln.

City PENRYN State CA Zip Code 95663

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

Name of Employer Vituity Occupation Doctor

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : **INCA6763**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Swim, Sherry, , ,**

Mailing Address 1701 Magnolia Avenue  
1701 Magnolia Ave

City Chico State CA Zip Code 95926

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

Name of Employer retired Occupation retired

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : **INCA6748**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Uhland, Gerald, , ,**

Mailing Address 9286 Stacey Anne

City Brown's Valley State CA Zip Code 95918

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

Name of Employer Calplant I Occupation CEO

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 26 / 2019

Transaction ID : **INCA6739**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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

**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 12 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Klement, Cyndi, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2019	
Mailing Address 6007 Princeton Reach Way			<b>Transaction ID : INCA6799</b>	
City GRANITE BAY	State CA	Zip Code 95746	Amount of Each Receipt this Period _____ 300.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer n/a		Occupation Not employed		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00		

Full Name (Last, First, Middle Initial) <b>B. MOFFITT, GAIL, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2019	
Mailing Address 2770 LARKIN RD.			<b>Transaction ID : INCA6797</b>	
City Biggs	State CA	Zip Code 95917	Amount of Each Receipt this Period _____ 200.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer SELF-GAIL MOFFITT		Occupation FARMER		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 450.00		

Full Name (Last, First, Middle Initial) <b>C. Penne, Dale, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2019	
Mailing Address 736 Silverado Estates Ct			<b>Transaction ID : INCA6800</b>	
City Chico	State CA	Zip Code 95973	Amount of Each Receipt this Period _____ 250.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Firm Foundations Insurance		Occupation Insurance Sales		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 13 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Diethrich, JoAnn, , ,**

Mailing Address PO Box 1200  
1463 Highway 99

City Gridley State CA Zip Code 95948

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

Name of Employer self Occupation farmer

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 31 2019

Transaction ID : **INCA6779**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Diethrich, JoAnn, , ,**

Mailing Address PO Box 1200  
1463 Highway 99

City Gridley State CA Zip Code 95948

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

Name of Employer self Occupation farmer

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 31 2019

Transaction ID : **INCA6774**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Swim, Sherry, , ,**

Mailing Address 1701 Magnolia Avenue  
1701 Magnolia Ave

City Chico State CA Zip Code 95926

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

Name of Employer retired Occupation retired

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 31 2019

Transaction ID : **INCA6785**

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1050.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Nielsen, Norman, , ,**  
 Mailing Address 12 Donner Lane  
 City Chico State CA Zip Code 95928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chico Electrical Occupation CEO  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2019  
**Transaction ID : INCA6789**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Lindberg, Charlotte, , ,**  
 Mailing Address 1096 Middlehoff Lane  
 City Oroville State CA Zip Code 95965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation None  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2019  
**Transaction ID : INCA6803**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BRATTON, MICHAEL**  
 Mailing Address 768 TAYLORVILLE RD.  
 City Grass Valley State CA Zip Code 95945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STATE FARM Occupation AGENT  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2019  
**Transaction ID : INCA6816**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Horne, Sue, , ,**

Mailing Address 17477 Lawrence Way

City Grass Valley State CA Zip Code 95949

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

Name of Employer County of Nevada Occupation Assessor

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2019

Transaction ID : **INCA6820**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Swim, Sherry, , ,**

Mailing Address 1701 Magnolia Avenue  
1701 Magnolia Ave

City Chico State CA Zip Code 95926

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

Name of Employer retired Occupation retired

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2019

Transaction ID : **INCA6832**

Amount of Each Receipt this Period  
40.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**White, Letitia, , ,**

Mailing Address 13901 Piscataway Drive

City Ft. Washington State MD Zip Code 20744

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

Name of Employer Innovative Federal Strategies Occupation Partner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2019

Transaction ID : **INCA6838**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 840.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Joyce, Michael, , ,**  
Mailing Address 2120 Vermont Ave. NW #608

City: WASHINGTON State: DC Zip Code: 20001

FEC ID number of contributing federal political committee: C

Name of Employer: Total Spectrum Occupation: Partner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 27 / 2019  
Transaction ID : INCA6885

Amount of Each Receipt this Period: 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Picayune Rancheria of the Chuk, ., . ,**  
Mailing Address P.O. Box 2226

City: Oakhurst State: CA Zip Code: 93644

FEC ID number of contributing federal political committee: C

Name of Employer: Sovereign nation Occupation: Indian tribe

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 27 / 2019  
Transaction ID : INCA6877

Amount of Each Receipt this Period: 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Puyallup Tribe of Indians, ., . ,**  
Mailing Address 3009 E. Portland Ave.

City: TACOMA State: WA Zip Code: 98404

FEC ID number of contributing federal political committee: C

Name of Employer: Sovereign nation Occupation: Indian tribe

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 27 / 2019  
Transaction ID : INCA6881

Amount of Each Receipt this Period: 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2500.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Schramm, Robert, , ,**  
 Mailing Address 117 6th St., N.E.  
 City WASHINGTON State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Schramm, Williams & Assoc. Occupation Partner  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019  
**Transaction ID : INCA6867**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Bacigalupi, Debbie, , ,**  
 Mailing Address P.O. Box 55  
 City MONTAGUE State CA Zip Code 96064  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self Occupation Rancher  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6960**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Bacigalupi, Debbie, , ,**  
 Mailing Address P.O. Box 55  
 City MONTAGUE State CA Zip Code 96064  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self Occupation Rancher  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : NONA7026**  
 Amount of Each Receipt this Period  
 280.00  
 Memo Item  
 Auction item for fundraiser

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

880.00

**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 18 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BACIGALUPI, DONNA, , ,**

Mailing Address P.O. Box 309

City Montague	State CA	Zip Code 96064
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6961**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BACIGALUPI, DONNA, , ,**

Mailing Address P.O. Box 309

City Montague	State CA	Zip Code 96064
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6957**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BACIGALUPI, JERRY, , ,**

Mailing Address P.O. Box 309

City Montague	State CA	Zip Code 96064
------------------	-------------	-------------------

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

Name of Employer self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : NONA7025**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

Memo Item  
 Raffle prize for fundraiser

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 900.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 19 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BACIGALUPI, JERRY, , ,**

Mailing Address P.O. Box 309

City: Montague State: CA Zip Code: 96064

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

Name of Employer: self Occupation: Rancher

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 30 / 2019

Transaction ID : **INCA6962**

Amount of Each Receipt this Period: 100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BACIGALUPI, JERRY, , ,**

Mailing Address P.O. Box 309

City: Montague State: CA Zip Code: 96064

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

Name of Employer: self Occupation: Rancher

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 30 / 2019

Transaction ID : **INCA6959**

Amount of Each Receipt this Period: 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Barnum, C Robert, , ,**

Mailing Address PO Box 1425

City: Eureka State: CA Zip Code: 95502

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

Name of Employer: Barnum Timber Co. Occupation: Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2019

Transaction ID : **INCA6857**

Amount of Each Receipt this Period: 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Brown, Susie, , ,**  
 Mailing Address 5525 Shamrock Rd.  
 City YREKA State CA Zip Code 96097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mike Brown Heating Occupation Heating  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 207.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6908**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Brown, Susie, , ,**  
 Mailing Address 5525 Shamrock Rd.  
 City YREKA State CA Zip Code 96097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mike Brown Heating Occupation Heating  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 207.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6968**  
 Amount of Each Receipt this Period  
 52.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Brown, Susie, , ,**  
 Mailing Address 5525 Shamrock Rd.  
 City YREKA State CA Zip Code 96097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mike Brown Heating Occupation Heating  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 207.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6909**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item

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

207.00

**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 21 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Burke, Jennifer, , ,**

Mailing Address P.O. Box 863

City MONTAGUE	State CA	Zip Code 96064
------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Not employed
-------------------------	----------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6911**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 365.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cramer, Pauline, , ,**

Mailing Address P.O. Box 152

City FORT JONES	State CA	Zip Code 96032
--------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Not employed
-------------------------	----------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6916**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Crawford, Sherry, , ,**

Mailing Address 26 Walker Lane

City Seiad Valley	State CA	Zip Code 96086
----------------------	-------------	-------------------

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

Name of Employer Mark Crawford Logging	Occupation Owner
---	---------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6914**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 560.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 1425.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Crawford, Sherry, , ,**

Mailing Address 26 Walker Lane

City Seiad Valley State CA Zip Code 96086

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

Name of Employer Mark Crawford Logging Occupation Owner

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
660.00

Date of Receipt  
09 / 30 / 2019

Transaction ID : **INCA6974**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Dowling, Bernard, , ,**

Mailing Address 4500 Eastside Rd.

City ETNA State CA Zip Code 96027

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

Name of Employer self Occupation Rancher

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
09 / 30 / 2019

Transaction ID : **NONA7027**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Facility use for fundraiser

**C.** Full Name (Last, First, Middle Initial)  
**Dowling, Bernard, , ,**

Mailing Address 4500 Eastside Rd.

City ETNA State CA Zip Code 96027

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

Name of Employer self Occupation Rancher

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2600.00

Date of Receipt  
09 / 30 / 2019

Transaction ID : **INCA6981**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00

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

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

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

FOR LINE NUMBER: PAGE 23 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Duarte, John, , ,**

Mailing Address 6706 Dusty Ln.

City Modesto State CA Zip Code 95357

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

Name of Employer Duarte Nursery Occupation Farmer

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

Transaction ID : **INCA6854**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ellis, Thomas W., , ,**

Mailing Address P.O. Box 6

City Grimes State CA Zip Code 95950

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

Transaction ID : **INCA6853**

Amount of Each Receipt this Period  
 150.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Harris, Darren, , ,**

Mailing Address 729 Nord Ave. #460

City CHICO State CA Zip Code 95926

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

Name of Employer Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

Transaction ID : **NONA7028**

Amount of Each Receipt this Period  
 350.00

Memo Item  
 Raffle item for fundraiser

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Johnson, Shelene, , ,**

Mailing Address 4722 Scott Valley Rd.

City ETNA	State CA	Zip Code 96027
--------------	-------------	-------------------

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

Name of Employer n/a	Occupation Not employed
-------------------------	----------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6924**

Amount of Each Receipt this Period  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kobseff, Michael, , ,**

Mailing Address 4314 North Old Stage Road  
4314 N OLD STAGE RD

City Mount Shasta	State CA	Zip Code 96067
----------------------	-------------	-------------------

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

Name of Employer County of Siskiyou	Occupation County Supervisor
--	---------------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6992**

Amount of Each Receipt this Period  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 80.00

Memo Item

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

Mailing Address 4314 North Old Stage Road  
4314 N OLD STAGE RD

City Mount Shasta	State CA	Zip Code 96067
----------------------	-------------	-------------------

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

Name of Employer County of Siskiyou	Occupation County Supervisor
--	---------------------------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6928**

Amount of Each Receipt this Period  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ , _____ , _____ 640.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____ , _____ , _____



**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 25 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

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

Mailing Address 4314 North Old Stage Road  
4314 N OLD STAGE RD

City Mount Shasta	State CA	Zip Code 96067
----------------------	-------------	-------------------

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

Name of Employer County of Siskiyou	Occupation County Supervisor
--	---------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : INCA6927**

Amount of Each Receipt this Period  
30.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Marshall, Richard, , ,**

Mailing Address 11720 Eastside Rd.

City Fort Jones	State CA	Zip Code 96032
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : INCA6931**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marshall, Richard, , ,**

Mailing Address 11720 Eastside Rd.

City Fort Jones	State CA	Zip Code 96032
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : INCA6995**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	630.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**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 26 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Marshall, Susan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2019	
Mailing Address 11720 Eastside Rd.			<b>Transaction ID : INCA6996</b>	
City Fort Jones	State CA	Zip Code 96032	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self - Susan Marshall		Occupation Farmer		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 255.00		

Full Name (Last, First, Middle Initial) <b>Marshall, Susan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2019	
Mailing Address 11720 Eastside Rd.			<b>Transaction ID : INCA6934</b>	
City Fort Jones	State CA	Zip Code 96032	Amount of Each Receipt this Period _____ 45.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self - Susan Marshall		Occupation Farmer		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 255.00		

Full Name (Last, First, Middle Initial) <b>Marshall, Susan, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2019	
Mailing Address 11720 Eastside Rd.			<b>Transaction ID : INCA6932</b>	
City Fort Jones	State CA	Zip Code 96032	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer Self - Susan Marshall		Occupation Farmer		
Receipt For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 255.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 195.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

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

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

FOR LINE NUMBER: PAGE 27 OF 67  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Marshall, Susan, , ,**  
Mailing Address 11720 Eastside Rd.  
City Fort Jones State CA Zip Code 96032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self - Susan Marshall Occupation Farmer  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 255.00

Date of Receipt 09 / 30 / 2019  
Transaction ID : **INCA6933**  
Amount of Each Receipt this Period 60.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Martin, Marlene, , ,**  
Mailing Address 7712 N. Hwy 3  
City FORT JONES State CA Zip Code 96032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Rancher  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 410.00

Date of Receipt 09 / 30 / 2019  
Transaction ID : **INCA6935**  
Amount of Each Receipt this Period 350.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Martin, Marlene, , ,**  
Mailing Address 7712 N. Hwy 3  
City FORT JONES State CA Zip Code 96032  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Rancher  
Receipt For: 2020  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date 410.00

Date of Receipt 09 / 30 / 2019  
Transaction ID : **INCA6936**  
Amount of Each Receipt this Period 60.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 470.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 28 OF 67  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**McCulley, Debbie, , ,**  
 Mailing Address 11625 East St.  
 City FT. JONES State CA Zip Code 96032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation Not employed  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6938**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**McCulley, Debbie, , ,**  
 Mailing Address 11625 East St.  
 City FT. JONES State CA Zip Code 96032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation Not employed  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6939**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**McCulley, Debbie, , ,**  
 Mailing Address 11625 East St.  
 City FT. JONES State CA Zip Code 96032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer n/a Occupation Not employed  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019  
**Transaction ID : INCA6999**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

265.00  
 100.00

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

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

FOR LINE NUMBER: PAGE 29 OF 67  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Radford, Steve, , ,**

Mailing Address 409 Evergreen Ln.

City YREKA State CA Zip Code 96097

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

Name of Employer IGH Construction Occupation Contractor

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
305.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : **INCA6945**

Amount of Each Receipt this Period  
225.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Radford, Steve, , ,**

Mailing Address 409 Evergreen Ln.

City YREKA State CA Zip Code 96097

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

Name of Employer IGH Construction Occupation Contractor

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
305.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : **INCA7009**

Amount of Each Receipt this Period  
80.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Scott, Fred, , ,**

Mailing Address 9100 Belgia Ln.

City FORT JONES State CA Zip Code 96032

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

Name of Employer n/a Occupation not employed

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : **INCA7013**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 405.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 67  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Scott, Fred, , ,**

Mailing Address 9100 Belgia Ln.

City: FORT JONES      State: CA      Zip Code: 96032

FEC ID number of contributing federal political committee: C

Name of Employer: n/a      Occupation: not employed

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  400.00

Date of Receipt  
 /  /  09 / 30 / 2019

Transaction ID : **NONA7029**

Amount of Each Receipt this Period  
 ,  ,  300.00

Memo Item  
 Auction item for fundraiser

**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  
 /  /

Amount of Each Receipt this Period  
 ,  ,

Memo Item

**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  
 /  /

Amount of Each Receipt this Period  
 ,  ,

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value=""/> 300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/> 31783.15

# 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 31 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Independent Community Bankers PAC**

Mailing Address 1615 L St., NW #900

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2019

**Transaction ID : INCA6732**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Pistachio PAC**

Mailing Address 512 C St. NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00197715

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2019

**Transaction ID : INCA6733**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Sempra Energy Employee PAC**

Mailing Address 488 8th Ave.

City San Diego	State CA	Zip Code 92101
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2019

**Transaction ID : INCA6734**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

**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 32 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Society of American Florists PAC (SAFPAC)**

Mailing Address 1001 N. Fairfax St #201

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00111302

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2019

**Transaction ID : INCA6735**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVE. NW, STE. 600

City Washington	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2019

**Transaction ID : INCA6756**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Assoc. PAC**

Mailing Address 1325 Massachusetts Ave. NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2019

**Transaction ID : INCA6762**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____



**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 33 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Action Committee for Rural Electrification (ACRE)**

Mailing Address 4301 Wilson Blvd.

City ARLINGTON	State VA	Zip Code 22203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6875**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Assoc. Int'l PAC**

Mailing Address 1625 Massachusetts Ave. NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6873**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**American Hospital Assoc. PAC**

Mailing Address 800 Tenth St. NW #400

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6883**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 7000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

**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 34 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**BURLINGTON NORTHERN SANTA FE RAIL PAC (BNSF PAC)**

Mailing Address PO BOX 961039

City FORT WORTH	State TX	Zip Code 76161
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6876**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Burson-Marsteller Young & Rubicam PAC**

Mailing Address 1110 Vermont Ave. NW #1000

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00201863

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6882**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**CME Group, Inc. PAC**

Mailing Address 20 S. Wacker Dr.

City CHICAGO	State IL	Zip Code 60606
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6880**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 3500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

**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 35 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Delta Air Lines PAC**

Mailing Address 1212 New York Ave. NW #200

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00104802

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6871**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG PAC**

Mailing Address 1101 NEW YORK AVE., NW

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6870**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Fedex Corporation PAC (FEDEXPAC)**

Mailing Address 942 S. Shady Grove Rd., 1st Fl.

City MEMPHIS	State TN	Zip Code 38120
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6868**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 8000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

**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 36 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Nat'l Assoc. of Home Builders PAC (Build PAC)**

Mailing Address 1201 15th St. NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6879**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Nat'l Automobile Dealers Assoc. PAC (NADA)**

Mailing Address 412 First St. SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6878**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**PricewaterhouseCoopers PAC**

Mailing Address 1301 K St., NW, #800 West

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6874**

Amount of Each Receipt this Period  
 \_\_\_\_\_,\_\_\_\_\_,\_\_\_\_\_ 1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____,_____,_____ 7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____,_____,_____

**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 37 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Professional Aviation Safety Specialists PAC (PASS PAC)**

Mailing Address 1200 G St. NW #750

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00286807

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6886**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 700 THIRTEENTH ST., NW STE. 350

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6872**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**UPSPAC**

Mailing Address 55 Glenlake Parkway, NE

City Atlanta	State GA	Zip Code 30328
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2019

**Transaction ID : INCA6869**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____

**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 38 OF 67	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Assoc. PAC**

Mailing Address 1325 Massachusetts Ave. NW

City WASHINGTON	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6851**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Scalise for Congress**

Mailing Address P.O. Box 23219

City JEFFERSON	State LA	Zip Code 70183
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6901**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE EYE OF THE TIGER PAC**

Mailing Address PO BOX 2485

City Springfield	State VA	Zip Code 22152
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6902**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	_____ 4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	_____ 41000.00

**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 39 OF 67
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Take Back the House 2020**

Mailing Address P.O. Box 30844

City BETHESDA	State MD	Zip Code 20824
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00695585

Name of Employer	Occupation

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
108298.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6887**

Amount of Each Receipt this Period  
2322.41

Memo Item  
JFC proceeds

**B.** Full Name (Last, First, Middle Initial)  
**Foster, Paul, , ,**

Mailing Address 123 W. Mills Ave. #600

City EL PASO	State TX	Zip Code 79901
-----------------	-------------	-------------------

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

Name of Employer Franklin Mountain Mgt.	Occupation Pres.
--	---------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2019

**Transaction ID : IDTA440**

Amount of Each Receipt this Period  
2800.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ansary, Hushang, , ,**

Mailing Address 1000 Louisiana St. #5900

City HOUSTON	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

Name of Employer Parman Capital Group	Occupation Chairman
--	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2019

**Transaction ID : IDTA441**

Amount of Each Receipt this Period  
2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2322.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 40 OF 67
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Buckley Jr., Walter, , ,**

Mailing Address 11450 Turtle Beach Rd.

City NORTH PALM BEACH	State FL	Zip Code 33408
--------------------------	-------------	-------------------

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

Name of Employer n/a	Occupation Not employed
-------------------------	----------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1244.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 06 / 2019

**Transaction ID : IDTA438**

Amount of Each Receipt this Period  
314.81

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Take Back the House 2020**

Mailing Address P.O. Box 30844

City BETHESDA	State MD	Zip Code 20824
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00695585

Name of Employer	Occupation
------------------	------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
108298.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2019

**Transaction ID : INCA6888**

Amount of Each Receipt this Period  
6846.45

Memo Item  
JFC proceeds

**C.** Full Name (Last, First, Middle Initial)  
**Foster, Paul, , ,**

Mailing Address 123 W. Mills Ave. #600

City EL PASO	State TX	Zip Code 79901
-----------------	-------------	-------------------

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

Name of Employer Franklin Mountain Mgt.	Occupation Pres.
--	---------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2019

**Transaction ID : IDTA443**

Amount of Each Receipt this Period  
2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6846.45
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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 41 OF 67
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**marcus, Bernard, , ,**

Mailing Address 1266 W. Paces Ferry Rd. NW #615

City ATLANTA	State GA	Zip Code 30327
-----------------	-------------	-------------------

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

Name of Employer The Marcus Fdtn.	Occupation Philanthropist
--------------------------------------	------------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2019

**Transaction ID : IDTA445**

Amount of Each Receipt this Period  
1724.14

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Marcus, Billi, , ,**

Mailing Address 1266 W. Paces Ferry Rd. NW #615

City ATLANTA	State GA	Zip Code 30327
-----------------	-------------	-------------------

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

Name of Employer n/a	Occupation Not employed
-------------------------	----------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2019

**Transaction ID : IDTA444**

Amount of Each Receipt this Period  
1724.14

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ansary, Hushang, , ,**

Mailing Address 1000 Louisiana St. #5900

City HOUSTON	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

Name of Employer Parman Capital Group	Occupation Chairman
--	------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2019

**Transaction ID : IDTA442**

Amount of Each Receipt this Period  
2800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	9168.86

**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 42 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bauer, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019	
Mailing Address 9458 Treelake Rd.			FEC Identification Number C	
City Granite Bay	State CA	Zip Code 95746	Amount of Each Disbursement this Period 851.20	
Purpose of Disbursement Accounting svc.		Category/ Type 001	Transaction ID : EXPB6559	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019	
Mailing Address P.O. Box 6294			FEC Identification Number C	
City Carol Stream	State IL	Zip Code 60197	Amount of Each Disbursement this Period 669.17	
Purpose of Disbursement Credit card payment		Category/ Type 001	Transaction ID : EXPB6560	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. U.S. House of Representatives Office of Finance</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019	
Mailing Address U.S. Capitol, Rm. H154			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20515	Amount of Each Disbursement this Period 525.75	
Purpose of Disbursement		Category/ Type	Transaction ID : EDTB218EXPB6560	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1520.37
<b>TOTAL</b> 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 43 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Extended Stay Elk Grove</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019	
Mailing Address 2201 Long Port Ct.			FEC Identification Number C	
City ELK GROVE	State CA	Zip Code 95727	Amount of Each Disbursement this Period 125.54	
Purpose of Disbursement Lodging		Category/ Type 001	Transaction ID : EDTB220EXPB6560	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019	
Mailing Address 300 1st St. SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 17.88	
Purpose of Disbursement Meeting		Category/ Type 001	Transaction ID : EDTB219EXPB6560	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Public Square Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019	
Mailing Address 1127 11th St., #548			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 6185.91	
Purpose of Disbursement Fundraising consulting and expenses		Category/ Type 003	Transaction ID : EXPB6561	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6185.91
<b>TOTAL</b> 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 44 OF 67			
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Public Square Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2019		
Mailing Address 1127 11th St., #548			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 18350.18		
Purpose of Disbursement Fundraising consulting and expenses		Category/ Type 003	Transaction ID : EXPB6563		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2019		
Mailing Address 450 Laurel St. #2105			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 1737.07		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6579		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2019		
Mailing Address 2831 G St. #200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 9.13		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6625		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20096.38
<b>TOTAL</b> 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 45 OF 67			
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bauer, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2019		
Mailing Address 9458 Treelake Rd.			FEC Identification Number C		
City Granite Bay	State CA	Zip Code 95746	Amount of Each Disbursement this Period 572.60		
Purpose of Disbursement Accounting svc.		Category/ Type 001	Transaction ID : EXPB6584		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2019		
Mailing Address P. O. Box 660108			FEC Identification Number C		
City Dallas	State TX	Zip Code 75266	Amount of Each Disbursement this Period 317.05		
Purpose of Disbursement Phone svc.		Category/ Type 001	Transaction ID : EXPB6585		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2019		
Mailing Address 450 Laurel St. #2105			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 164.25		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6626		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1053.90
<b>TOTAL</b> 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 46 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Oroville Rescue Mission</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2019	
Mailing Address P.O. Box 2481			FEC Identification Number C	
City OROVILLE	State CA	Zip Code 95066	Amount of Each Disbursement this Period 2598.00	
Purpose of Disbursement Catering		Category/ Type 003	Transaction ID : EXPB6632	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2019	
Mailing Address 2831 G St. #200			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 3.75	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001	Transaction ID : EXPB6651	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. LaMalfa, Jill, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019	
Mailing Address P.O. Box 304			FEC Identification Number C	
City Richvale	State CA	Zip Code 95974	Amount of Each Disbursement this Period 1422.26	
Purpose of Disbursement Fundraising supplies		Category/ Type 003	Transaction ID : EXPB6653	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4024.01
<b>TOTAL</b> 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 47 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Party City</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019	
Mailing Address 6748 Stanford Ranch Rd.			FEC Identification Number C	
City ROSEVILLE	State CA	Zip Code 95678	Amount of Each Disbursement this Period 136.90	
Purpose of Disbursement Fundraiser supplies		Category/ Type 003	Transaction ID : PDTB78EXPB6653	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Smart and Final</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019	
Mailing Address 355 Oro Dam Blvd			FEC Identification Number C	
City OROVILLE	State CA	Zip Code 95965	Amount of Each Disbursement this Period 547.28	
Purpose of Disbursement Fundraiser supplies		Category/ Type 003	Transaction ID : PDTB79EXPB6653	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Costco, Chico, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019	
Mailing Address 2100 Whitman Avenue			FEC Identification Number C	
City Chico	State CA	Zip Code 95928	Amount of Each Disbursement this Period 75.83	
Purpose of Disbursement Fundraiser supplies		Category/ Type 003	Transaction ID : PDTB76EXPB6653	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 48 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Grocery Outlet</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019
Mailing Address 1060 Oroville Dam Blvd.		FEC Identification Number C
City OROVILLE	State CA	Zip Code 95965
Purpose of Disbursement Fundraiser supplies	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 162.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : PDTB75EXPB6653 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Smart and Final</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019
Mailing Address 355 Oro Dam Blvd		FEC Identification Number C
City OROVILLE	State CA	Zip Code 95965
Purpose of Disbursement Fundraiser supplies	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 264.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : PDTB74EXPB6653 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Winco Foods</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019
Mailing Address 2060 E. 20th St.		FEC Identification Number C
City CHICO	State CA	Zip Code 95928
Purpose of Disbursement Fundraiser supplies	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 193.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : PDTB77EXPB6653 <input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 49 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Smart and Final</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019	
Mailing Address 355 Oro Dam Blvd			FEC Identification Number C	
City OROVILLE	State CA	Zip Code 95965	Amount of Each Disbursement this Period 52.44	
Purpose of Disbursement Fundraiser supplies		Category/ Type 003	Transaction ID : PDTB80EXPB6653	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 420.22	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6657	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Campaign Soluions</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2019	
Mailing Address 117 N. St. Asaph St.			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 957.52	
Purpose of Disbursement Fundraising consulting		Category/ Type 003	Transaction ID : EXPB6656	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1377.74
<b>TOTAL</b> 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 50 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Connell Donatelli, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2019	
Mailing Address 117 N. St. Asaph St.			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Online advertising		Category/ Type 003	Transaction ID : EXPB6699	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 392.49	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6694	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019	
Mailing Address P.O. Box 6294			FEC Identification Number C	
City Carol Stream	State IL	Zip Code 60197	Amount of Each Disbursement this Period 1393.15	
Purpose of Disbursement Credit card payment		Category/ Type 003	Transaction ID : EXPB6695	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3285.64
<b>TOTAL</b> 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 51 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019	
Mailing Address 300 1st St. SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Disbursement this Period 639.28	
Purpose of Disbursement Fundraising event		Category/ Type 003	Transaction ID : EDTB221EXPB6695	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. A Stitch Above</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2019	
Mailing Address 6345 Skyway			FEC Identification Number C	
City PARADISE	State CA	Zip Code 95969	Amount of Each Disbursement this Period 734.03	
Purpose of Disbursement Fundraising supplies		Category/ Type 003	Transaction ID : EDTB222EXPB6695	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Aneidot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 46.83	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6711	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	46.83
<b>TOTAL</b> 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 52 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Public Square Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2019	
Mailing Address 1127 11th St., #548			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 6456.07	
Purpose of Disbursement Fundraising consulting and expenses		Category/ Type 003	Transaction ID : EXPB6709	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2019	
Mailing Address P. O. Box 660108			FEC Identification Number C	
City Dallas	State TX	Zip Code 75266	Amount of Each Disbursement this Period 329.17	
Purpose of Disbursement Phone svc.		Category/ Type 001	Transaction ID : EXPB6710	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Campaign Soluions</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2019	
Mailing Address 117 N. St. Asaph St.			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1649.69	
Purpose of Disbursement Fundraising consulting		Category/ Type 003	Transaction ID : EXPB6712	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8434.93
<b>TOTAL</b> 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 53 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. The Monaco Group</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2019	
Mailing Address 1011 S. Linwood Ave.			FEC Identification Number C	
City Santa Ana	State CA	Zip Code 92705	Amount of Each Disbursement this Period 2439.27	
Purpose of Disbursement Bumper stickers		Category/ Type 004	Transaction ID : EXPB6713	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2019	
Mailing Address 2831 G St. #200			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 3.75	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6728	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 10.40	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6717	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2453.42
<b>TOTAL</b> 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 54 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bauer, David, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2019	
Mailing Address 9458 Treelake Rd.			FEC Identification Number C	
City Granite Bay	State CA	Zip Code 95746	Amount of Each Disbursement this Period 1336.60	
Purpose of Disbursement Accounting svc.		Category/ Type 001	Transaction ID : EXPB6718	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 3.81	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6765	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Conkey, Mary, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2019	
Mailing Address 735 Sunrise Ave., #200			FEC Identification Number C	
City ROSEVILLE	State CA	Zip Code 95661	Amount of Each Disbursement this Period 2376.15	
Purpose of Disbursement Fundraising event		Category/ Type	Transaction ID : NONB6845	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3716.56
<b>TOTAL</b> 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 55 OF 67			
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2019		
Mailing Address 2831 G St. #200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 10.25		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6766		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2019		
Mailing Address 2831 G St. #200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 10.25		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6766		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2019		
Mailing Address P.O. Box 6294			FEC Identification Number C		
City Carol Stream	State IL	Zip Code 60197	Amount of Each Disbursement this Period 709.50		
Purpose of Disbursement Credit card payment		Category/ Type 001	Transaction ID : EXPB6767		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	730.00
<b>TOTAL</b> 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 56 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2019
Mailing Address 1900 Oro Dam Blvd. E. #12		FEC Identification Number C
City OROVILLE	State CA	Zip Code 95966
Purpose of Disbursement Supplies	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 131.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : EDTB223EXPB6767 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2019
Mailing Address 300 1st St. SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement Fundraising event	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 282.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : EDTB224EXPB6767 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aneidot, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2019
Mailing Address 450 Laurel St. #2105		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70801
Purpose of Disbursement Merchant fee	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 577.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : EXPB6795 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	577.93
<b>TOTAL</b> 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 57 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Public Square Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2019	
Mailing Address 1127 11th St., #548			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95814	Amount of Each Disbursement this Period 5174.99	
Purpose of Disbursement Fundraising consulting		Category/ Type 001	Transaction ID : EXPB6793	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2019	
Mailing Address 2831 G St. #200			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 7.00	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6811	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2019	
Mailing Address P. O. Box 660108			FEC Identification Number C	
City Dallas	State TX	Zip Code 75266	Amount of Each Disbursement this Period 329.76	
Purpose of Disbursement Phone svc.		Category/ Type 001	Transaction ID : EXPB6804	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5511.75
<b>TOTAL</b> 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 58 OF 67			
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Campaign Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2019		
Mailing Address 117 N. St. Asaph St.			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 1578.05		
Purpose of Disbursement Fundraising consulting		Category/ Type 003	Transaction ID : EXPB6810		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Anedot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2019		
Mailing Address 450 Laurel St. #2105			FEC Identification Number C		
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 17.21		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6812		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2019		
Mailing Address 2831 G St. #200			FEC Identification Number C		
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 3.75		
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6822		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1599.01
<b>TOTAL</b> 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 59 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NEVADA COUNTY REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2019	
Mailing Address P. O. BOX 403			FEC Identification Number C C00556605	
City GRASS VALLEY	State CA	Zip Code 95949	Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement BBQ		Category/Type 001	Transaction ID : EXPB6818	
Candidate Name NEVADA COUNTY REPUBLICAN PARTY		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2019	
Mailing Address 2831 G St. #200			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Merchant vee		Category/Type 001	Transaction ID : EXPB6900	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Aneidot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 24.40	
Purpose of Disbursement Merchant fee		Category/Type 001	Transaction ID : EXPB6827	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	84.40
<b>TOTAL</b> 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 60 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Efundraising Connections</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019	
Mailing Address 2831 G St. #200			FEC Identification Number C	
City Sacramento	State CA	Zip Code 95816	Amount of Each Disbursement this Period 35.13	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6866	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Shasta County Clerk</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2019	
Mailing Address 1643 Market Street			FEC Identification Number C	
City Redding	State CA	Zip Code 96001	Amount of Each Disbursement this Period 611.00	
Purpose of Disbursement Ballot statement		Category/ Type 004	Transaction ID : EXPB6842	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Aneidot, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 450 Laurel St. #2105			FEC Identification Number C	
City BATON ROUGE	State LA	Zip Code 70801	Amount of Each Disbursement this Period 76.84	
Purpose of Disbursement Merchant fee		Category/ Type 001	Transaction ID : EXPB6865	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	722.97
<b>TOTAL</b> 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 61 OF 67			
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bacigalupi, Debbie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019		
Mailing Address P.O. Box 55			FEC Identification Number C		
City MONTAGUE	State CA	Zip Code 96064	Amount of Each Disbursement this Period 280.00		
Purpose of Disbursement Auction item for fundraiser		Category/ Type	Transaction ID : NONB7026		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. BACIGALUPI, JERRY, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019		
Mailing Address P.O. Box 309			FEC Identification Number C		
City Montague	State CA	Zip Code 96064	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Raffle prize for fundraiser		Category/ Type	Transaction ID : NONB7025		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019		
Mailing Address P.O. Box 6294			FEC Identification Number C		
City Carol Stream	State IL	Zip Code 60197	Amount of Each Disbursement this Period 1495.89		
Purpose of Disbursement Credit card payment		Category/ Type 001	Transaction ID : EXPB6855		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2075.89
<b>TOTAL</b> 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 62 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Fedex</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 1901 Douglas Blvd.			FEC Identification Number C	
City ROSEVILLE	State CA	Zip Code 95661	Amount of Each Disbursement this Period 587.77	
Purpose of Disbursement Printing		Category/ Type 004	Transaction ID : EDTB225EXPB6855	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 1607 Douglas Blvd.			FEC Identification Number C	
City ROSEVILLE	State CA	Zip Code 95661	Amount of Each Disbursement this Period 245.13	
Purpose of Disbursement Supplies		Category/ Type 001	Transaction ID : EDTB226EXPB6855	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Congressional Institute</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 1700 Diagonal Rd., #730			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 573.00	
Purpose of Disbursement Conference		Category/ Type 001	Transaction ID : EDTB227EXPB6855	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 63 OF 67	
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Dowling, Bernard, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 4500 Eastside Rd.			FEC Identification Number C	
City ETNA	State CA	Zip Code 96027	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Facility use for fundraiser		Category/ Type	Transaction ID : NONB7027	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Harris, Darren, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 729 Nord Ave. #460			FEC Identification Number C	
City CHICO	State CA	Zip Code 95926	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement Raffle item for fundraiser		Category/ Type	Transaction ID : NONB7028	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Scott, Fred, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 9100 Belgia Ln.			FEC Identification Number C	
City FORT JONES	State CA	Zip Code 96032	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Auction item for fundraiser		Category/ Type	Transaction ID : NONB7029	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	66647.64

**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 64 OF 67	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bishop for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2019
Mailing Address 2776 S. Arlington Mill Dr., #161		FEC Identification Number C 00699660
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>James Bishop, , ,</b>	Category/ Type	Transaction ID : EXPB6655
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NC District: 09		

Full Name (Last, First, Middle Initial) <b>B. Shasta County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2019
Mailing Address 18681 Osceola Ct.		FEC Identification Number C 00207399
City REDDING	State CA	Zip Code 96002
Purpose of Disbursement Transfer unneeded funds	<input type="checkbox"/> 008	Amount of Each Disbursement this Period 180.00
Candidate Name <b>Shasta County Republican Central Committee</b>	Category/ Type	Transaction ID : EXPB6826
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Steve Chabot for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2019
Mailing Address 617 E. Custis Ave.		FEC Identification Number C 00301838
City ALEXANDRIA	State VA	Zip Code 22301
Purpose of Disbursement	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>Steve Chabot, , ,</b>	Category/ Type	Transaction ID : EXPB6828
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4180.00



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

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LaMalfa, Jill, , ,</b>			Nature of Debt (Purpose): Fundraising supplies
Mailing Address P.O. Box 304			
City Richvale	State CA	Zip Code 95974	

Outstanding Balance Beginning This Period <input type="text" value="1422.26"/>	<b>Transaction ID : PAYD6652</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1422.26"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oroville Rescue Mission</b>			Nature of Debt (Purpose): Catering
Mailing Address P.O. Box 2481			
City OROVILLE	State CA	Zip Code 95066	

Outstanding Balance Beginning This Period <input type="text" value="2598.00"/>	<b>Transaction ID : PAYD6631</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2598.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Public Square Partners</b>			Nature of Debt (Purpose): Fundraising consulting and expenses
Mailing Address 1127 11th St., #548			
City Sacramento	State CA	Zip Code 95814	

Outstanding Balance Beginning This Period <input type="text" value="18350.18"/>	<b>Transaction ID : PAYD6562</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="18350.18"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input type="text"/>

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

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Siskiyou Laser Products</b>			Nature of Debt (Purpose): Printing
Mailing Address 310 South Broadway			
City YREKA	State CA	Zip Code 96097	

Outstanding Balance Beginning This Period 0.00	Transaction ID : <b>PAYD7038</b>	
Amount Incurred This Period 112.06	Payment This Period 0.00	Outstanding Balance at Close of This Period 112.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Terry, Deanne, , ,</b>			Nature of Debt (Purpose): Fundraising supplies
Mailing Address P.O. Box 339			
City MONTAGUE	State CA	Zip Code 96064	

Outstanding Balance Beginning This Period 0.00	Transaction ID : <b>PAYD7032</b>	
Amount Incurred This Period 277.01	Payment This Period 0.00	Outstanding Balance at Close of This Period 277.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Terwilliger, Jackie, , ,</b>			Nature of Debt (Purpose): Fundraising supplies
Mailing Address 501 Hillcrest			
City YREKA	State CA	Zip Code 96097	

Outstanding Balance Beginning This Period 0.00	Transaction ID : <b>PAYD7035</b>	
Amount Incurred This Period 63.42	Payment This Period 0.00	Outstanding Balance at Close of This Period 63.42

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	452.49
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	
4) <b>ADD 2) and 3)</b> 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)  
**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tyler, David, , ,			Nature of Debt (Purpose): Fundraising supplies
Mailing Address 2824 Fairlane			
City YREKA	State CA	Zip Code 96097	

Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD7041	
Amount Incurred This Period 1076.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 1076.37	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1076.37
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	1528.86
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	1528.86