

# 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

MCCLINTOCK FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER ▼

C C00446815

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

04

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY  
07 / 01 / 2014 through 09 / 30 / 2014

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

Type or Print Name of Treasurer DAVID BAUER

Signature of Treasurer DAVID BAUER

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

Write or Type Committee Name  
**MCCLINTOCK FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	390067.41	1430212.76
(b) Total Contribution Refunds (from Line 20(d)) .....	5625.00	21580.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	384442.41	1408632.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	166900.62	1052478.96
(b) Total Offsets to Operating Expenditures (from Line 14).....	1765.44	3241.06
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	165135.18	1049237.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	644369.40	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1149.16	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MCCLINTOCK FOR CONGRESS**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	236084.39	799932.39
(ii) Unitemized .....	79983.02	472187.57
(iii) TOTAL of contributions from individuals .....	316067.41	1272119.96
(b) Political Party Committees.....	500.00	1050.00
(c) Other Political Committees (such as PACs).....	73500.00	157042.80
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	390067.41	1430212.76
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		
	1765.44	3241.06
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	391832.85	1433453.82

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	166900.62	1052478.96
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	6.25	6.25
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 .....	5625.00	21580.00
(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)).....	5625.00	21580.00
21. OTHER DISBURSEMENTS .....	500.00	137201.52
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	173031.87	1211266.73

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	425568.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	391832.85
25. SUBTOTAL (add Line 23 and Line 24).....	817401.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	173031.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	644369.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRENDAN EICH**

Mailing Address 2871 PRUNERIDGE AVE

City State Zip Code  
SANTA CLARA CA 95051

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

Name of Employer Occupation  
MOZILLA CORPORATION CTO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2014

**Transaction ID : INCA107017**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**FRAYDA LEVIN**

Mailing Address 33 CRYSTAL RD

City State Zip Code  
MOUNTAIN LAKES NJ 07046

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2014

**Transaction ID : INCA107023**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT LINDNER**

Mailing Address 4456 STOLLWOOD DR

City State Zip Code  
CARMICHAEL CA 95608

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2014

**Transaction ID : INCA107025**

Amount of Each Receipt this Period  
100.00

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS CRAIG**

Mailing Address 1745 GLENBROOK LN

City LINCORN State CA Zip Code 95648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2014

**Transaction ID : INCA107067**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. C. GRANT ABBOTT JR.**

Mailing Address 20465 SHAMROCK PL

City CHATSWORTH State CA Zip Code 91311

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107117**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
**MS BARBARA BECK**

Mailing Address 3103 ARIZONA AVE

City SANTA MONICA State CA Zip Code 90404

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
355.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107073**

Amount of Each Receipt this Period  
100.00

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

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

340.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD CHRISTIE**

Mailing Address 26 CORRAL RD

City State Zip Code  
BELL CANYON CA 91307

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
410.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2014

**Transaction ID : INCA107071**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES ENNIS**

Mailing Address 10332 BOGARDUS AVE

City State Zip Code  
WHITTIER CA 90603

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
315.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2014

**Transaction ID : INCA107115**

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KARL FAIRCHILD**

Mailing Address 9207 GEYSER AVE

City State Zip Code  
NORTHRIDGE CA 91324

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

Name of Employer Occupation  
NORTHRUP GRUMMAN AIRCRAFT MECHANIC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 07 / 2014

**Transaction ID : INCA107083**

Amount of Each Receipt this Period  
35.00

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

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

110.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LEONA GRANT**

Mailing Address 16003 GRIFFITH AVE

City WASCO State CA Zip Code 93280

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107107**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE HILL**

Mailing Address 1125 NORTHWOOD RD APT 235F

City SEAL BEACH State CA Zip Code 90740

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107097**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARILYN HOGAN**

Mailing Address 900 W STAFFORD RD

City THOUSAND OAKS State CA Zip Code 91361

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107142**

Amount of Each Receipt this Period  
1000.00

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

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

1100.00



**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 9 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BILL JUNEAU**

Mailing Address 601 VIA PARO

City PALOS VERDES ESTAT State CA Zip Code 90274

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107135**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA MILHAM**

Mailing Address 5857 FAIRHAVEN AVE

City WOODLAND HILLS State CA Zip Code 91367

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107095**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. EUGENE NAUMANN**

Mailing Address 5007 KENNETH AVE

City FAIR OAKS State CA Zip Code 95628

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

Name of Employer SELF Occupation BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107087**

Amount of Each Receipt this Period  
**50.00**

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

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

**125.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE NEVITT**

Mailing Address 6745 COLTON BLVD

City OAKLAND State CA Zip Code 94611

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107070**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD PEASE**

Mailing Address 20600 OAKSBORO CIR

City WOODLAND HILLS State CA Zip Code 91364

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107092**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD WATTERS**

Mailing Address 28245 DRIVER AVE

City AGOURA HILLS State CA Zip Code 91301

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107106**

Amount of Each Receipt this Period  
50.00

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

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

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LYLE WELLS**

Mailing Address 1751 W BOWLING ST

City ANAHEIM State CA Zip Code 92804

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

Name of Employer TRIG-TEK, INC. Occupation ELECTRICAL ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA107114**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address PO BOX 530

City LAGUNITAS State CA Zip Code 94938

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2014

**Transaction ID : INCA107148**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. GLENN ADDCOX**

Mailing Address PO BOX 964

City MOUNT SHASTA State CA Zip Code 96067

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107240**

Amount of Each Receipt this Period  
**200.00**

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

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

**275.00**

**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 12 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**REV. WAYNE BIGELOW**

Mailing Address 1112 SEDONA ST

City State Zip Code  
ROCKLIN CA 95765

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

Name of Employer Occupation  
ADVENTURE CHRISTIAN CHURCH PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107221**

Amount of Each Receipt this Period  
**60.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SONJA BILLOTTE**

Mailing Address 441 TRINITY AVE

City State Zip Code  
YUBA CITY CA 95991

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**405.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107299**

Amount of Each Receipt this Period  
**35.00**

**C.** Full Name (Last, First, Middle Initial)  
**CAPT. ERNEST BIZZOZERO**

Mailing Address 25350 PINE HILLS DR

City State Zip Code  
CARMEL CA 93923

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107179**

Amount of Each Receipt this Period  
**25.00**

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

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

**120.00**

**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 13 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY BROOKS**

Mailing Address **683 ANDERSON AVE**

City **BRENTWOOD** State **CA** Zip Code **94513**

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

Name of Employer **NONE** Occupation **HOUSEWIFE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107160**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN BROUILLARD**

Mailing Address **374 STILSON CANYON RD**

City **CHICO** State **CA** Zip Code **95928**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107169**

Amount of Each Receipt this Period  
**75.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. YVONNE CARR**

Mailing Address **2215 VINA DEL MAR**

City **OXNARD** State **CA** Zip Code **93035**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107154**

Amount of Each Receipt this Period  
**200.00**

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

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

**375.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PAMELA CHAPIN**

Mailing Address 2737 E 2ND ST UNIT 1

City State Zip Code  
LONG BEACH CA 90803

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

Name of Employer Occupation  
CALIFORNIA STATE UNIVERSITY SR. MANAGER, BENEFITS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107256**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WALTER CLEMENS**

Mailing Address 3490 BLACK HAWK RD

City State Zip Code  
LAFAYETTE CA 94549

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107183**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**LAI-MING CREGO**

Mailing Address 1112 ARCANE ST

City State Zip Code  
SIMI VALLEY CA 93065

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107314**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 15 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. T. DEFFINGER**

Mailing Address 3515 SIERRA RD

City State Zip Code  
SAN JOSE CA 95132

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107152**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILLIP DORE**

Mailing Address 2414 HUNTINGTON LN

City State Zip Code  
REDONDO BEACH CA 90278

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SOUTHLAND INDUSTRIES HVAC ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107232**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. OLEVA DORMAN**

Mailing Address 4571 PARK PAXTON PL

City State Zip Code  
SAN JOSE CA 95136

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107358**

Amount of Each Receipt this Period

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

**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 16 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DARLENE EVANS**

Mailing Address 19910 BURIN AVE

City TORRANCE State CA Zip Code 90503

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107305**

Amount of Each Receipt this Period  
60.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KAY FINLAY**

Mailing Address 10 LA CERRA CIR

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
975.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107205**

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
**C. J. & DONNA FURGERSON**

Mailing Address 2021 WAVERLY ST

City NAPA State CA Zip Code 94558

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107253**

Amount of Each Receipt this Period  
100.00

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

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

285.00



**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 17 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET GREY**

Mailing Address 100 THORNDALE DR APT 112

City SAN RAFAEL State CA Zip Code 94903

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107352**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. AUDREY HAINES**

Mailing Address 3470 KINGMONT DR

City LOOMIS State CA Zip Code 95650

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107209**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT HENDRICH**

Mailing Address 520 E LEMON AVE

City GLENDORA State CA Zip Code 91741

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107300**

Amount of Each Receipt this Period  
35.00

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

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

185.00

**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 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA HERRON**

Mailing Address 139 LANSBERRY CT

City State Zip Code  
LOS GATOS CA 95032

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF, PATRICIA A. HERRON BOOKKEEPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107164**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT HINRICHS**

Mailing Address PO BOX 8

City State Zip Code  
GEYSERVILLE CA 95441

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107288**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA JACOBSEN**

Mailing Address 7940 AMALFI WAY

City State Zip Code  
FAIR OAKS CA 95628

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107319**

Amount of Each Receipt this Period

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

**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 19 OF 382  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ANN JENKS**

Mailing Address 215 VILLAGE GATE RD

City State Zip Code  
ORINDA CA 94563

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107157**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**M. MATEEL JOHNSON**

Mailing Address 8328 MANITOBA ST APT 10

City State Zip Code  
PLAYA DEL REY CA 90293

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

Name of Employer Occupation  
FAA COMP SPEC.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107337**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD KEVORKIAN**

Mailing Address 966 HIGHLAND DR

City State Zip Code  
LOS OSOS CA 93402

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107321**

Amount of Each Receipt this Period  
75.00

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

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

225.00

**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 20 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID KEYSTON**

Mailing Address **PO BOX 7066**

City **CARMEL** State **CA** Zip Code **93921**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107167**

Amount of Each Receipt this Period  
**400.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD KIENLEN**

Mailing Address **PO BOX 1575**

City **GRAEAGLE** State **CA** Zip Code **96103**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107342**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**KINKLE FAMILY TRUST**

Mailing Address **1156 OXFORD RD**

City **SAN MARINO** State **CA** Zip Code **91108**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107200**

Amount of Each Receipt this Period  
**500.00**

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

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

**1000.00**

**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 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM AND BARBARA LAMB**

Mailing Address 7403 SLY PARK RD

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107346**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**BETTY LANE**

Mailing Address 2795 E BIDWELL ST # 100-408

City State Zip Code  
FOLSOM CA 95630

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF / BETTY WILSON LANE RANCHING & INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107175**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD LAU**

Mailing Address 3344 REDWING PL

City State Zip Code  
FREMONT CA 94555

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107251**

Amount of Each Receipt this Period

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

**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 22 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. HERBERT LEVIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2014
Mailing Address 724 E GRINELL DR		<b>Transaction ID : INCA107370</b>
City BURBANK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CA STATE DEPT OF JUSTICE	Occupation LAWYER	Election Cycle-to-Date 850.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. JOHN LUTHER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2014
Mailing Address 837 E WALNUT AVE		<b>Transaction ID : INCA107301</b>
City GLENDDORA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED POLICE DET. SUPERVISOR	Election Cycle-to-Date 360.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. JAMES MCLEOD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2014
Mailing Address 7640 FALKIRK DR		<b>Transaction ID : INCA107187</b>
City SAN JOSE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 23 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LESTER MCNALL**

Mailing Address 311 E COUNTRY HILLS DR

City LA HABRA State CA Zip Code 90631

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

Name of Employer NONE Occupation RETIRED CHEMIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107365**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**TERRY MEINZER**

Mailing Address 3305 ELKHORN BLVD STE 1

City NORTH HIGHLANDS State CA Zip Code 95660

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

Name of Employer MEINCO PROPERTIES Occupation PROPERTY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107155**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LOUEEN MILLER**

Mailing Address 816 MONTE VISTA AVE

City VENTURA State CA Zip Code 93003

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

Name of Employer NONE Occupation RETIRED WIDOW

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107322**

Amount of Each Receipt this Period  
50.00

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

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

450.00

**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 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LORENE MILLIGAN**

Mailing Address 1755 CLARENCE CT

City State Zip Code  
SAN JOSE CA 95124

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107208**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**RAYMOND & SARAH MONTAGNE**

Mailing Address 6305 PUERTO DR

City State Zip Code  
RANCHO MURIETA CA 95683

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107168**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS MARGARET MUNSON**

Mailing Address 918 MONET CIR

City State Zip Code  
WALNUT CREEK CA 94597

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107233**

Amount of Each Receipt this Period  
**75.00**

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

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

**225.00**



**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 25 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ELIZABETH NEARY**

Mailing Address 215 CRESTMONT DR

City OAKLAND State CA Zip Code 94619

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107162**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD NORMAN**

Mailing Address 6207 RIVIERA CIR

City LONG BEACH State CA Zip Code 90815

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107231**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SALLY O'BRYAN**

Mailing Address 9308 ANNETTA AVE

City SOUTH GATE State CA Zip Code 90280

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107235**

Amount of Each Receipt this Period  
50.00

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

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

250.00

**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 26 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN PHILLIPS**

Mailing Address **PO BOX 1750**

City **MANHATTAN BEACH** State **CA** Zip Code **90267**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107368**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS PRATHER**

Mailing Address **968 ROSEWOOD LN**

City **LEMOORE** State **CA** Zip Code **93245**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **660.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107356**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KATHRYN PRITCHARD**

Mailing Address **507 E SUNNY HILLS RD**

City **FULLERTON** State **CA** Zip Code **92835**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 09 / 2014**

**Transaction ID : INCA107262**

Amount of Each Receipt this Period  
**50.00**

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

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

**400.00**

**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 27 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN PRITT**

Mailing Address 949 NANTUCKET BLVD UNIT 2

City SALINAS State CA Zip Code 93906

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

Name of Employer EDEN VALLEY CARE CENTER Occupation HEALTH CARE ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107176**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL QUINN**

Mailing Address 26 EAGLE VISTA CT

City OROVILLE State CA Zip Code 95966

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107378**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN REED**

Mailing Address 808 WEST ST

City HOLLISTER State CA Zip Code 95023

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

Name of Employer AMERICAN CASTING COMPANY Occupation ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107309**

Amount of Each Receipt this Period  
**100.00**

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

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

**225.00**

**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 28 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN RODGERS**

Mailing Address 5440 WASHINGTON ST

City NAPA State CA Zip Code 94558

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

Name of Employer NONE Occupation RETIRED MARINE ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107295**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD SANDERS**

Mailing Address 357 CALDARELLA CIR

City ROSEVILLE State CA Zip Code 95678

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107318**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS., SHIRLEY SCHULTZ**

Mailing Address 855 COTTONWOOD CT

City LINCOLN State CA Zip Code 95648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107199**

Amount of Each Receipt this Period  
25.00

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

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

155.00

**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 29 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. DOROTHY SCOTT**

Mailing Address 5105 SEABREEZE WAY

City OXNARD State CA Zip Code 93035

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

Name of Employer CANTEEN Occupation VENDING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107210**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY SHERRY**

Mailing Address 1724 W CATALPA AVE APT 320

City ANAHEIM State CA Zip Code 92801

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107163**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. TY SONNTAG**

Mailing Address 215 OAK WOOD WAY

City LOS GATOS State CA Zip Code 95032

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

Name of Employer LE T INC. Occupation CONSTRUCTION SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107195**

Amount of Each Receipt this Period  
**100.00**

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

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

**400.00**

**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 30 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. V. STEVEN TEDROW**

Mailing Address 1514 STANTON ST

City ALAMEDA State CA Zip Code 94501

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

Name of Employer G. E. S. EXPOSTION SERVICES Occupation INSTALLER / DISMANTLER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107252**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. LILLIE TONKIN**

Mailing Address 3939 WALNUT AVE UNIT 106

City CARMICHAEL State CA Zip Code 95608

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107308**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBIN TREAT**

Mailing Address PO BOX 1425

City JACKSON State CA Zip Code 95642

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107373**

Amount of Each Receipt this Period  
100.00

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

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

225.00

**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 31 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS CARLA TRENT**

Mailing Address 324 CHESTNUT HILL CT APT 16

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107190**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GILLES VAN NEDERVEEN**

Mailing Address PO BOX 610

City LINCOLN State CA Zip Code 95648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
337.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107166**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. RALPH WAUGH**

Mailing Address 40646 16TH ST W

City PALMDALE State CA Zip Code 93551

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

Name of Employer RALPH WAUGH, D.D.S., M.D., INC. Occupation DDS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : INCA107217**

Amount of Each Receipt this Period  
100.00

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

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

425.00

**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 32 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WARREN WISECARVER**

Mailing Address 40 ANDERSON CIR

City State Zip Code  
WALNUT CREEK CA 94595

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

Name of Employer Occupation  
BISHOP-WISECARVER CORPORATION CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107371**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY WRIGHT**

Mailing Address PO BOX 750669

City State Zip Code  
PETALUMA CA 94975

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2014

**Transaction ID : INCA107188**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM ALTMILLER**

Mailing Address 6609 MONT BLANC CT

City State Zip Code  
BAKERSFIELD CA 93306

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107547**

Amount of Each Receipt this Period  
25.00

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

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

100.00



**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 33 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN BRANDT**

Mailing Address 2129 12TH AVE E

City State Zip Code  
HIBBING MN 55746

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107545**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PAMELA BURKE**

Mailing Address 445 OAK HILL TER

City State Zip Code  
LOMPOC CA 93436

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107487**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID CHAMBERS**

Mailing Address 1456 TALLAC LN

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107534**

Amount of Each Receipt this Period  
200.00

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

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

500.00

**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 34 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. HELEN CLOER**

Mailing Address 2315 TREELANE AVE

City State Zip Code  
MONROVIA CA 91016

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107540**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**DENNIS AND LEXY HOMEN**

Mailing Address 5910 RODEO PL

City State Zip Code  
ROCKLIN CA 95677

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107555**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA HOOVER**

Mailing Address 200 RED FOX RIDGE

City State Zip Code  
WATSONVILLE CA 95076

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107480**

Amount of Each Receipt this Period  
100.00

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

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

250.00

**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 35 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CHERYLE INBODEN**

Mailing Address 531 PALOS SECOS

City State Zip Code  
ARROYO GRANDE CA 93420

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

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : INCA107507**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. VICTOR JEWORSKI**

Mailing Address 13480 ROBLEDA RD

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
305.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : INCA107535**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MAURICE KANBAR**

Mailing Address 2100 JACKSON ST APT 8

City State Zip Code  
SAN FRANCISCO CA 94115

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

Name of Employer Occupation  
MK ENTERPRISES OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : INCA107489**

Amount of Each Receipt this Period  
1000.00

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

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

1100.00

**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 36 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DOROTHEA LEONARD**

Mailing Address 147 N MAYFLOWER AVE

City State Zip Code  
MONROVIA CA 91016

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107544**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KATHRYN MANDERS-BRIGGS**

Mailing Address 5 IRENA AVE

City State Zip Code  
CAMARILLO CA 93012

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107543**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES O'CONNOR**

Mailing Address 2912 N KRISTOPHER BND

City State Zip Code  
SAINT CHARLES MO 63303

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

Name of Employer Occupation  
SELF EMPLOYED INSURANCE SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107502**

Amount of Each Receipt this Period  
50.00

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

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

225.00

**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 37 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE OLIVER**

Mailing Address **PO BOX 373**

City **CENTER POINT** State **TX** Zip Code **78010**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 14 / 2014**

**Transaction ID : INCA107546**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLIE OLSON**

Mailing Address **588 CRAWFORD DR**

City **SUNNYVALE** State **CA** Zip Code **94087**

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

Name of Employer **C J OLSON CHERRIES** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 14 / 2014**

**Transaction ID : INCA107533**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE STAUFFER**

Mailing Address **2201 N VICTORIA DR**

City **SANTA ANA** State **CA** Zip Code **92706**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 14 / 2014**

**Transaction ID : INCA107538**

Amount of Each Receipt this Period  
**100.00**

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

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

**375.00**

**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 38 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LOIS TITUS**

Mailing Address 33 N LINDEN DR

City State Zip Code  
VENTURA CA 93004

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107528**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD TREADGOLD**

Mailing Address 1025 ANZA ST

City State Zip Code  
SAN FRANCISCO CA 94118

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107518**

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH WILSON**

Mailing Address 33201 E CARMEL VALLEY RD

City State Zip Code  
CARMEL VALLEY CA 93924

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

Name of Employer Occupation  
RANCHO CHUPINOS RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 14 / 2014

**Transaction ID : INCA107542**

Amount of Each Receipt this Period  
100.00

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

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

335.00

**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 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BESSIE & MARTIN BRINITZER**

Mailing Address 2559 SHADOWFAX LN

City State Zip Code  
EL DORADO HILLS CA 95762

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107585**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN BROWN**

Mailing Address 3939 WALNUT AVE UNIT 352

City State Zip Code  
CARMICHAEL CA 95608

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107566**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE CLEGG**

Mailing Address 4401 ORWOOD RD

City State Zip Code  
BRENTWOOD CA 94513

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107598**

Amount of Each Receipt this Period  
100.00

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

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

175.00

**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 40 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BERNADINE CLESI**

Mailing Address 14280 HOLDEN CT

City SAN JOSE State CA Zip Code 95124

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107568**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. SALVATORE DE MASI**

Mailing Address 708-325 PINE ST

City JANESVILLE State CA Zip Code 96114

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107614**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES ELBING**

Mailing Address 4528 SCENIC DR

City ROCKLIN State CA Zip Code 95765

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107625**

Amount of Each Receipt this Period  
**100.00**

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

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

**250.00**



**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 41 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES & JOYCE FEUSI**

Mailing Address PO BOX 1245

City LOOMIS State CA Zip Code 95650

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **565.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107597**

Amount of Each Receipt this Period  
**105.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. HOPE FLORES**

Mailing Address 12960 BURNT CEDAR LN

City PINE GROVE State CA Zip Code 95665

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **208.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107572**

Amount of Each Receipt this Period  
**40.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL HENNESSY**

Mailing Address 5319 W 138TH ST

City HAWTHORNE State CA Zip Code 90250

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107576**

Amount of Each Receipt this Period  
**50.00**

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

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

**195.00**

**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 42 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELLEN AND FRANK HERRMANN</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 5630 MONTCLAIR CIR		<b>Transaction ID : INCA107652</b>	
City ROCKLIN	State CA	Zip Code 95677	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer HERRMANN EQUIPMENT INC	Occupation SELF EMPLOYED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. DOLORES HICKS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 2005 LAUREL AVE		<b>Transaction ID : INCA107628</b>	
City MANHATTAN BEACH	State CA	Zip Code 90266	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 210.00		

Full Name (Last, First, Middle Initial) <b>C. MR. RANDOLPH HUDSON</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 1417 VALLEY GLEN DR		<b>Transaction ID : INCA107603</b>	
City ROSEVILLE	State CA	Zip Code 95747	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer CMA INSURANCE SERVICES	Occupation SALES AGENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 350.00
<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 43 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. ERICH KARLE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 1909 FARRELL AVE		<b>Transaction ID : INCA107588</b>
City REDONDO BEACH	State Zip Code CA 90278	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 290.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MRS. NANCY KAYS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 2231 N INDIAN HILL BLVD		<b>Transaction ID : INCA107595</b>
City CLAREMONT	State Zip Code CA 91711	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 710.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. HENRY LEONARDI</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 432 CALLE DE LA MESA		<b>Transaction ID : INCA107578</b>
City NOVATO	State Zip Code CA 94949	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer LEONARDI PROPERTIES	Occupation PROPERTY MANAGER	Election Cycle-to-Date 480.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<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 44 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RUSSELL LIGHTCAP**

Mailing Address 3115 SAINT ALBANS DR

City State Zip Code  
LOS ALAMITOS CA 90720

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107596**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. TERRANCE MALOUF**

Mailing Address 1005 INDIAN WAY

City State Zip Code  
NOVATO CA 94949

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107615**

Amount of Each Receipt this Period

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

Mailing Address 801 ALISAL CT

City State Zip Code  
SANTA MONICA CA 90402

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107594**

Amount of Each Receipt this Period

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

**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 45 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES MCNEAL**

Mailing Address 414 W ELM AVE

City State Zip Code  
BURBANK CA 91506

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SCHAEFER AMBULANCE SERVICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107565**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS MEYER**

Mailing Address 922 BUCKSKIN RD

City State Zip Code  
ANGELS CAMP CA 95222

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107647**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA MIGNANO**

Mailing Address 12940 FIR DR

City State Zip Code  
SONORA CA 95370

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107579**

Amount of Each Receipt this Period

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

**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 46 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE MILLS**

Mailing Address 119 ADAMS CT

City State Zip Code  
KAMIAH ID 83536

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
222.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107627**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GERALD MITCHELL**

Mailing Address 3120 CAPISTRANO WAY

City State Zip Code  
ROCKLIN CA 95677

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

Name of Employer Occupation  
TRI CONTINENT SCI QUALITY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107643**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 17903 MANHATTAN PL

City State Zip Code  
TORRANCE CA 90504

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107574**

Amount of Each Receipt this Period  
100.00

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

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

175.00

**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 47 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES OLIVER**

Mailing Address 375 BULLARD AVE STE 1

City State Zip Code  
CLOVIS CA 93612

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

Name of Employer Occupation  
STATE FARM INSURANCE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107589**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ARNOLD PAHLER**

Mailing Address 20801 SEVILLA LN

City State Zip Code  
SARATOGA CA 95070

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

Name of Employer Occupation  
NONE RETIRED TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107581**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH PANKEY**

Mailing Address 320 W MAIN ST

City State Zip Code  
TUSTIN CA 92780

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2014

**Transaction ID : INCA107602**

Amount of Each Receipt this Period  
500.00

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

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

850.00

**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 48 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. ERNEST PLECHATY</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 430 TRELIS CT		<b>Transaction ID : INCA107607</b>	
City LINCOLN	State CA	Zip Code 95648	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>B. MR. DON PUTNAM</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 764 CAMINO MANZANAS		<b>Transaction ID : INCA107624</b>	
City THOUSAND OAKS	State CA	Zip Code 91360	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

Full Name (Last, First, Middle Initial) <b>C. CLAIRE RAINS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 420 41ST AVE		<b>Transaction ID : INCA107656</b>	
City SAN FRANCISCO	State CA	Zip Code 94121	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 225.00
<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 49 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. JOAN RHODES</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 30558 S TRACY BLVD		<b>Transaction ID : INCA107575</b>	
City TRACY	State CA	Zip Code 95377	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation HOUSEWIFE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. MR. KARL RODEFER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address PO BOX 2134		<b>Transaction ID : INCA107648</b>	
City COLUMBIA	State CA	Zip Code 95310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. GEORGETTA STEDEFORD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 3455 BUENA VISTA DR		<b>Transaction ID : INCA107654</b>	
City SHINGLE SPRINGS	State CA	Zip Code 95682	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer VITRO PACKAGING	Occupation SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 50 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. FRED WEILER**

Mailing Address 16331 MAHOGANY ST

City FOUNTAIN VALLEY State CA Zip Code 92708

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 16 / 2014

**Transaction ID : INCA107639**

Amount of Each Receipt this Period

25.00

260.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BONNEY BANCROFT**

Mailing Address 3833 STAR RIDGE RD

City HAYWARD State CA Zip Code 94542

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

Name of Employer WIND RIVER SYSTEMS Occupation EXECUTIVE ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107664**

Amount of Each Receipt this Period

250.00

500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID BENEDICT**

Mailing Address 2860 COUNTRY DR APT 218

City FREMONT State CA Zip Code 94536

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107680**

Amount of Each Receipt this Period

25.00

250.00

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

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

300.00

**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 51 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES D'ORSO**

Mailing Address 809 DRAGONFLY CT

City State Zip Code  
ROSEVILLE CA 95747

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107706**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**DR. GRANT DUNCAN**

Mailing Address 1822 BEVERLY GLEN DR

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107693**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL GRAVES**

Mailing Address 934 N CATALINA ST

City State Zip Code  
BURBANK CA 91505

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LITTLEJOHNS CANDIES CANDYMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107671**

Amount of Each Receipt this Period

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

**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 52 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CARL & LINDA GROSS**

Mailing Address 1615 MISTY WOOD DR

City ROSEVILLE State CA Zip Code 95747

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107713**

Amount of Each Receipt this Period  
**40.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR MICHELETTI**

Mailing Address 25380 BECKY LN

City LOS ALTOS HILLS State CA Zip Code 94022

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **575.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107704**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW MITCHELL**

Mailing Address 3006 HAMMOND WAY

City EL DORADO HILLS State CA Zip Code 95762

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107685**

Amount of Each Receipt this Period  
**50.00**

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

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

**140.00**

**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 53 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. & MRS. WILLIAM MOERSHEL**

Mailing Address 2090 CHARGER DR

City SAN JOSE State CA Zip Code 95131

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107683**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. MORTON RAPPAPORT**

Mailing Address 3068 DONA SUSANA DR

City STUDIO CITY State CA Zip Code 91604

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107689**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH SPITZLEY**

Mailing Address 1925 PARKER ST

City BERKELEY State CA Zip Code 94704

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

Name of Employer SPITZLEY CONSTRUCTION Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **351.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : INCA107663**

Amount of Each Receipt this Period  
**113.00**

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

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

**638.00**

**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 54 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN VAILLANCOURT M.D.**

Mailing Address 443 CRESTMONT DR

City State Zip Code  
SAN FRANCISCO CA 94131

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : INCA107662**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WALTER VAN SAUN JR.**

Mailing Address 17303 MAPES AVE

City State Zip Code  
CERRITOS CA 90703

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : INCA107696**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WELDON WOOD**

Mailing Address 17 ALVERNO CT

City State Zip Code  
REDWOOD CITY CA 94061

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

Name of Employer Occupation  
NONE RETIRED LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2014

**Transaction ID : INCA107710**

Amount of Each Receipt this Period  
1000.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 55 OF 382  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SCOTIA ALVES**

Mailing Address 3283 CALLE DE DEBESA

City State Zip Code  
CAMARILLO CA 93010

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

Name of Employer Occupation  
SCOSCHE IND. INC. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : INCA107735**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNE BIDART**

Mailing Address PO BOX 3427

City State Zip Code  
HAILEY ID 83333

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : INCA107736**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. HENRIETTA BUGAJ**

Mailing Address 1703 CRINELLA DR

City State Zip Code  
SAINT HELENA CA 94574

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : INCA107725**

Amount of Each Receipt this Period  
35.00

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

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

2635.00

**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 56 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. BARBARA DOUMAS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 2504 N BOGUS BASIN RD		<b>Transaction ID : INCA107720</b>	
City BOISE	State ID	Zip Code 83702	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES MCCONNELL</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2014	
Mailing Address 1029 GILSTRAP AVE		<b>Transaction ID : INCA107731</b>	
City GRIDLEY	State CA	Zip Code 95948	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00		

Full Name (Last, First, Middle Initial) <b>C. MR. MARTIN BOOYE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2014	
Mailing Address 1916 REDWOOD AVE		<b>Transaction ID : INCA107741</b>	
City REDWOOD CITY	State CA	Zip Code 94061	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<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 57 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DALE CHRISTENSON**

Mailing Address **PO BOX 1389**

City **RIDGECREST** State **CA** Zip Code **93556**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 21 / 2014**

**Transaction ID : INCA107743**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES MIKESKA**

Mailing Address **16211 DOWNEY AVE UNIT 66**

City **PARAMOUNT** State **CA** Zip Code **90723**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 21 / 2014**

**Transaction ID : INCA107740**

Amount of Each Receipt this Period  
**35.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. H. RICHARD SCHUMACHER**

Mailing Address **47 E 88TH ST**

City **NEW YORK** State **NY** Zip Code **10128**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 21 / 2014**

**Transaction ID : INCA107751**

Amount of Each Receipt this Period  
**30.00**

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

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

**115.00**

**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 58 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. WANDA WALLIS</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2014	
Mailing Address 2481 HUNTERS POND		<b>Transaction ID : INCA107750</b>	
City KALAMAZOO	State MI	Zip Code 49048	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

Full Name (Last, First, Middle Initial) <b>B. MR. SCOTT BANISTER</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address PO BOX 997		<b>Transaction ID : INCA107758</b>	
City HALF MOON BAY	State CA	Zip Code 94019	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 25.00	
Name of Employer SELF EMPLOYED	Occupation STARTUP CONSULTANT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 550.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. MARY COLE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 13640 PASEO DEL ROBLE CT		<b>Transaction ID : INCA107762</b>	
City LOS ALTOS HILLS	State CA	Zip Code 94022	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 707.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 125.00
<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 59 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. MARY DOHNKE</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 1282 SHERWOOD LN		<b>Transaction ID : INCA107775</b>	
City DIAMOND SPRINGS	State CA	Zip Code 95619	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JOHN HIATT</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address PO BOX 3101		<b>Transaction ID : INCA107778</b>	
City SANTA ROSA	State CA	Zip Code 95402	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. NANCY ROTH</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 8545 CARMEL VALLEY RD		<b>Transaction ID : INCA107766</b>	
City CARMEL	State CA	Zip Code 93923	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 60 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEITH ARGABRIGHT**

Mailing Address **777 CAMINO RICARDO**

City **MORAGA** State **CA** Zip Code **94556**

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

Name of Employer **SELF EMPLOYED** Occupation **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107783**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARTHA CENGR**

Mailing Address **6518 MCNUTT WAY**

City **CYPRESS** State **CA** Zip Code **90630**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107781**

Amount of Each Receipt this Period  
**35.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM DUFFY JR.**

Mailing Address **20637 LEONARD RD**

City **SARATOGA** State **CA** Zip Code **95070**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107788**

Amount of Each Receipt this Period  
**100.00**

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

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

**235.00**

**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 61 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DENA FREEMAN**

Mailing Address **PO BOX 2002**

City **DIAMOND SPRINGS** State **CA** Zip Code **95619**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107794**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONN OLSON**

Mailing Address **2730 KALMAN ST**

City **ACTON** State **CA** Zip Code **93510**

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

Name of Employer **ANTHONY INT.** Occupation **TOOL MAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **440.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107789**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**LT. COL G. RAY SCHOCH RET**

Mailing Address **118 GLENWOOD CT**

City **VACAVILLE** State **CA** Zip Code **95688**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107785**

Amount of Each Receipt this Period  
**25.00**

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

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

**175.00**

**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 62 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS CAROL SLAGLE**

Mailing Address **7781 ORIANA CT**

City **FAIR OAKS** State **CA** Zip Code **95628**

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

Name of Employer **REQUESTED** Occupation **REQUESTED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107797**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE DELAPLANE LIVING TRUST**

Mailing Address **PO BOX 1729**

City **CANYON COUNTRY** State **CA** Zip Code **91386**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 24 / 2014**

**Transaction ID : INCA107795**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CYNTHIA IBRAHIM**

Mailing Address **18175 FAIRFIELD DR**

City **MADERA** State **CA** Zip Code **93638**

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

Name of Employer **LA VINA RANCH** Occupation **SAFETY COORDINATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 25 / 2014**

**Transaction ID : INCA107814**

Amount of Each Receipt this Period  
**25.00**

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

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

**175.00**

**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 63 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CHIHOREK**

Mailing Address 24881 ALICIA PKWY #E241

City LAGUNA HILLS State CA Zip Code 92653

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2014

**Transaction ID : INCA107815**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH BARNETT**

Mailing Address PO BOX 193

City PALOS VERDES ESTAT State CA Zip Code 90274

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

Name of Employer SELF - BARNETT & CO. Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : INCA107838**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL BUTALA**

Mailing Address 11805 LAMBERT AVE

City EL MONTE State CA Zip Code 91732

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : INCA107823**

Amount of Each Receipt this Period  
50.00

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

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

650.00

**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 64 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NEWTON DRURY JR.**

Mailing Address **3 CORTE BOMBERO**

City **ORINDA** State **CA** Zip Code **94563**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 28 / 2014**

**Transaction ID : INCA107827**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL LANG**

Mailing Address **PO BOX 952**

City **LA MIRADA** State **CA** Zip Code **90637**

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

Name of Employer **ARGUS CONTRACTING INC.** Occupation **ADMIN. ASSISTANT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 28 / 2014**

**Transaction ID : INCA107819**

Amount of Each Receipt this Period  
**20.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALEXANDER POWER**

Mailing Address **PO BOX 1160**

City **SOLVANG** State **CA** Zip Code **93464**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 28 / 2014**

**Transaction ID : INCA107824**

Amount of Each Receipt this Period  
**100.00**

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

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

**220.00**



**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 65 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA PRAUSA**

Mailing Address 35179 CHARMWOOD CT

City State Zip Code  
NEWARK CA 94560

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107821**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRANK VANSKIKE**

Mailing Address 380 AILANTHUS LN

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107818**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CATHERINE WELCOME**

Mailing Address 2120 CACTUS CT APT 1

City State Zip Code  
WALNUT CREEK CA 94595

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107822**

Amount of Each Receipt this Period

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

**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 66 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HENRY CATE**

Mailing Address 6708 LANDERWOOD LN

City State Zip Code  
SAN JOSE CA 95120

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

Name of Employer Occupation  
SELF EMPLOYED CHESS & LEGO INSTRUCTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA107893**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA CRANSTON**

Mailing Address 23460 CAMINO HERMOSO DR

City State Zip Code  
LOS ALTOS HILLS CA 94024

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

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**625.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA107875**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN AND JANET CROOK**

Mailing Address PO BOX 142

City State Zip Code  
GROVELAND CA 95321

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

Name of Employer Occupation  
SELF EMPLOYED LOGGING CONTRACTORS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA107891**

Amount of Each Receipt this Period  
**250.00**

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

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

**400.00**

**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 67 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DR. GERALD EDRALIN**

Mailing Address 5839 LOQUAT LN

City PALMDALE State CA Zip Code 93551

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

Name of Employer EDRALIN PEDIATRIC CENTER Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA107874**

Amount of Each Receipt this Period  
**40.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. EARLE EISLEY**

Mailing Address 380 NEVADA ST

City AUBURN State CA Zip Code 95603

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

Name of Employer EISLEY NURSERY, INC Occupation NURSERYMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA107873**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD GILBREATH**

Mailing Address 7630 EL ESCORIAL WAY

City BUENA PARK State CA Zip Code 90620

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **358.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA107867**

Amount of Each Receipt this Period  
**25.00**

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

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

**115.00**

**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 68 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JEAN GILCREST**

Mailing Address 26026 ADAMOR RD

City State Zip Code  
CALABASAS CA 91302

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107869**

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. VIRGINIA GOODRICH**

Mailing Address 11307 STONEWALL JACKSON RD

City State Zip Code  
SPOTSYLVANIA VA 22551

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107881**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DARRELL GOURLEY**

Mailing Address 389 SAN BENITO WAY

City State Zip Code  
SAN FRANCISCO CA 94127

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107880**

Amount of Each Receipt this Period  
100.00

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

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

625.00

**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 69 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SAMUEL LANGBERG**

Mailing Address 3995 OVERLAND AVE #226

City State Zip Code  
CULVER CITY CA 90232

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107884**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. COREY MAAS**

Mailing Address 12752 CALEB DR

City State Zip Code  
TRUCKEE CA 96161

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

Name of Employer Occupation  
TMC SURGEON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107895**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MS MAUREEN O'NEILL**

Mailing Address 1810 ALDEN ST

City State Zip Code  
BELMONT CA 94002

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107870**

Amount of Each Receipt this Period  
100.00

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

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

450.00

**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 70 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALESEN SHEPPARD**

Mailing Address 3343 PARK VISTA DR

City State Zip Code  
LA CRESCENTA CA 91214

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : INCA107879**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD Ayres Jr.**

Mailing Address 355 Bristol St Ste A

City State Zip Code  
Costa Mesa CA 92626

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

Name of Employer Occupation  
AYRES GROUP HOTEL BUSINESS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 01 / 2014

**Transaction ID : INCA107973**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LESLIE BASS**

Mailing Address 23532 VIA BREVE

City State Zip Code  
MISSION VIEJO CA 92691

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 01 / 2014

**Transaction ID : INCA107969**

Amount of Each Receipt this Period  
50.00

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

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

1150.00

**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 71 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT BOEHLKE**

Mailing Address 13456 Country Way

City	State	Zip Code
Los Altos Hills	CA	94022

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : INCA107974**

Amount of Each Receipt this Period

1300.00

**B.** Full Name (Last, First, Middle Initial)  
**HARRY & CARLEEN LEISE**

Mailing Address 3241 CAVU HILL RD

City	State	Zip Code
SHINGLE SPRINGS	CA	95682

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : INCA107968**

Amount of Each Receipt this Period

25.00

**C.** Full Name (Last, First, Middle Initial)  
**WAYNE & MARGO NORRIS**

Mailing Address 26912 CAYTON VALLEY RF

City	State	Zip Code
BURNEY	CA	96013

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

Name of Employer	Occupation
NORRIS RANCH	BUSINESS OWNERS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : INCA107979**

Amount of Each Receipt this Period

250.00

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

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

1575.00

**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 72 OF 382	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LEW PRICE**

Mailing Address **PO BOX 88**

City **GARDEN VALLEY** State **CA** Zip Code **95633**

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

Name of Employer **SELF, LEW P. PRICE** Occupation **WRITER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  

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

**Transaction ID : INCA107971**

Amount of Each Receipt this Period  

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**MR. WARREN RILEY**

Mailing Address **6991 PENNINGTON RD**

City **LIVE OAK** State **CA** Zip Code **95953**

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

Name of Employer **SELF-WARREN RILEY** Occupation **FARMER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  

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

**Transaction ID : INCA107967**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address **2926 CRESCENT WAY**

City **THOUSAND OAKS** State **CA** Zip Code **91362**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  

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

**Transaction ID : INCA107964**

Amount of Each Receipt this Period  

25.00
-------

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

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

225.00



**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 73 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KEVIN WENTZ**

Mailing Address PO BOX 11

City State Zip Code  
GEORGETOWN CA 95634

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WENTZ LOGGING LOGGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107978**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHARON YOUNG**

Mailing Address 1317 17TH ST APT 3

City State Zip Code  
SACRAMENTO CA 95811

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107965**

Amount of Each Receipt this Period

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

Mailing Address PO BOX 1750

City State Zip Code  
MANHATTAN BEACH CA 90267

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107898**

Amount of Each Receipt this Period

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

**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 74 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOHN PHILLIPS</b>		Date of Receipt MM / DD / YYYY 08 / 02 / 2014
Mailing Address PO BOX 1750		<b>Transaction ID : INCA107897</b>
City MANHATTAN BEACH	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 1100.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MRS. MARY JANE Boggs</b>		Date of Receipt MM / DD / YYYY 08 / 04 / 2014
Mailing Address 1480 Saint Albans Rd		<b>Transaction ID : INCA107928</b>
City San Marino	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NONE	Occupation HOMEMAKER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. GLENN Cardoso</b>		Date of Receipt MM / DD / YYYY 08 / 04 / 2014
Mailing Address 784 San Lorenzo St		<b>Transaction ID : INCA107924</b>
City Santa Monica	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NEW URBAN WEST INC.	Occupation PRINCIPAL	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 75 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TERRENCE Caster**

Mailing Address 634 Crest Dr

City State Zip Code  
El Cajon CA 92019

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

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : INCA107935**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD COFFEE**

Mailing Address 25 AMBER DR

City State Zip Code  
SAN FRANCISCO CA 94131

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : INCA107906**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH ERICSON**

Mailing Address 659 AUGUSTINE LN

City State Zip Code  
LAFAYETTE CA 94549

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

Name of Employer STATE FARM INSURANCE CO Occupation AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 04 / 2014

**Transaction ID : INCA107901**

Amount of Each Receipt this Period  
50.00

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

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

450.00

**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 76 OF 382	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALAN JONES**

Mailing Address 340 PINWOOD DR

City State Zip Code  
PARADISE CA 95969

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : INCA107919**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 17554 Dearborn St

City State Zip Code  
Northridge CA 91325

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : INCA107932**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENDALL MILLER**

Mailing Address 7350 WAKEFIELD AVE

City State Zip Code  
REEDLEY CA 93654

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

Name of Employer Occupation  
KENCAROL, INC. FARM MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3750.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**08 / 04 / 2014**

**Transaction ID : INCA107905**

Amount of Each Receipt this Period  
**750.00**

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

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

**1050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. RAMONA MOLOSKI**

Mailing Address 16100 CURTIS TRL # 4

City State Zip Code  
FRAZIER PARK CA 93225

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107916**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRANK VANSKIKE**

Mailing Address 380 AILANTHUS LN

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107900**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BONNIE WILLIAMS**

Mailing Address 9260 WINDING OAK DR

City State Zip Code  
FAIR OAKS CA 95628

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FOLSOM AUTOTECH OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA107904**

Amount of Each Receipt this Period

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

**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 78 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN FELLER**

Mailing Address 4101 NAPA LOOP

City State Zip Code  
ROSEVILLE CA 95747

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : INCA107987**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM LOTT**

Mailing Address 5090 DRAGONFLY LN

City State Zip Code  
ROSEVILLE CA 95747

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
235.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : INCA108001**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA PARKS**

Mailing Address 1281 WINDIMER DR

City State Zip Code  
LOS ALTOS CA 94024

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : INCA107998**

Amount of Each Receipt this Period  
2600.00

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

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

2750.00

**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 79 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID PARKS**

Mailing Address 1281 WINDIMER DR

City LOS ALTOS State CA Zip Code 94024

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : INCA107997**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. W. LEONARD SEELEY**

Mailing Address 400 RAILROAD AVE APT 13

City NEVADA CITY State CA Zip Code 95959

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : INCA107984**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. F. WEIRICH**

Mailing Address 1024 FAIRVIEW AVE UNIT 10

City ARCADIA State CA Zip Code 91007

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 05 / 2014

**Transaction ID : INCA107991**

Amount of Each Receipt this Period  
100.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES WOOD**

Mailing Address 212 VISTA DEL PARQUE

City State Zip Code  
REDONDO BEACH CA 90277

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2014

**Transaction ID : INCA107994**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT BROWN**

Mailing Address 2164 HIGHGATE RD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation  
THE COMDYN GROUP I.T. SERVICES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2014

**Transaction ID : INCA108044**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES D'ORSO**

Mailing Address 809 DRAGONFLY CT

City State Zip Code  
ROSEVILLE CA 95747

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2014

**Transaction ID : INCA108064**

Amount of Each Receipt this Period  
50.00

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

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

250.00



**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 81 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. JASON GEYER</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2014
Mailing Address 1478 DARBY RD		<b>Transaction ID : INCA108071</b>
City SEBASTOPOL	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer UCSF	Occupation STATISTICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>MR. JOHN GRAY</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2014
Mailing Address PO BOX 155		<b>Transaction ID : INCA108043</b>
City BIG OAK FLAT	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer REQUESTED	Occupation REQUESTED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>MR. MICHAEL JACOBS</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2014
Mailing Address 25 OLD COACH RD		<b>Transaction ID : INCA108056</b>
City NAPA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer HECO INC	Occupation PRESIDENT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<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 82 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DOLORES JOHNSON**

Mailing Address 5803 SEASHORE DR

City State Zip Code  
NEWPORT BEACH CA 92663

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108055**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE MAECK**

Mailing Address 3145 TURK BLVD

City State Zip Code  
SAN FRANCISCO CA 94118

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108029**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE MAECK**

Mailing Address 3145 TURK BLVD

City State Zip Code  
SAN FRANCISCO CA 94118

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108028**

Amount of Each Receipt this Period

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

**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 83 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. JACK MCGINITY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 304 ACKLEY AVE		<b>Transaction ID : INCA108078</b>	
City MOUNT SHASTA	State CA	Zip Code 96967	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. BARBARA MEDLEY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 1094 PROSPECT PL		<b>Transaction ID : INCA108052</b>	
City VISTA	State CA	Zip Code 92081	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 235.00		

Full Name (Last, First, Middle Initial) <b>C. MR. GREG MYERS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 5964 WHISPERLODGE WAY		<b>Transaction ID : INCA108083</b>	
City ROSEVILLE	State CA	Zip Code 95747	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<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 84 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. MIRIAM NESTLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 6701 SW SCATHELOCK RD		<b>Transaction ID : INCA108050</b>	
City TOPEKA	State KS	Zip Code 66614	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>B. TERRY NIELSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address PO BOX 579		<b>Transaction ID : INCA108066</b>	
City PINE GROVE	State CA	Zip Code 95665	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. MR. MARK PLASTINO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 2031 ASHRIDGE WAY		<b>Transaction ID : INCA108082</b>	
City GRANITE BAY	State CA	Zip Code 95746	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer HEWLETT PACKARD	Occupation FINANCE DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 85 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PAUL REDDICK**

Mailing Address 2466 WOODLAND AVE

City State Zip Code  
SAN JOSE CA 95128

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

Name of Employer Occupation  
SMOKING PIG BBQ CO., LLC. CHIEF SMOKING OFFICER/OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : INCA108073**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. H. RUSSELL**

Mailing Address 296 LYONS ST

City State Zip Code  
SONORA CA 95370

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : INCA108034**

Amount of Each Receipt this Period  
**75.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. LIZ SCHROETER**

Mailing Address 1722 LAPORTE DR

City State Zip Code  
ROSEVILLE CA 95747

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 06 / 2014**

**Transaction ID : INCA108079**

Amount of Each Receipt this Period  
**100.00**

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

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

**275.00**

**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 86 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. LIZ SCHROETER**

Mailing Address 1722 LAPORTE DR

City ROSEVILLE State CA Zip Code 95747

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108080**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. WALTER VAN SAUN JR.**

Mailing Address 17303 MAPES AVE

City CERRITOS State CA Zip Code 90703

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108027**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WARKENTIN**

Mailing Address 6521 CORDOBA #2

City GOLETA State CA Zip Code 93117

FEC ID number of contributing federal political committee.

Name of Employer SELF - KAMAP PROPERTY MGMT Occupation PROPERTY MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108057**

Amount of Each Receipt this Period

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

**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 87 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GLENN ADDCOX**

Mailing Address **PO BOX 964**

City **MOUNT SHASTA** State **CA** Zip Code **96067**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : INCA108104**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**ORVILLE ARMSTRONG**

Mailing Address **477 CALDARELLA CIR**

City **ROSEVILLE** State **CA** Zip Code **95678**

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

Name of Employer **MIDSTATE SPECIALTIES** Occupation **CONSTRUCTION**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : INCA108109**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS SHIRLEY FLEMING**

Mailing Address **5348 SUGAR PINE LOOP**

City **ROSEVILLE** State **CA** Zip Code **95747**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 07 / 2014**

**Transaction ID : INCA108136**

Amount of Each Receipt this Period  
**100.00**

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

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

**550.00**

**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 88 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE FREDRICKSON**

Mailing Address 399 LIVE OAK CT

City State Zip Code  
MILPITAS CA 95035

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

Name of Employer Occupation  
PHYSICAL ELECTRONICS USA ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : INCA108814**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. Mary Hoog**

Mailing Address 8381 Edison Ave

City State Zip Code  
Ontario CA 91762

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

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : INCA108113**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE HOPKINS**

Mailing Address 7450 OLIVETAS AVE # 331

City State Zip Code  
LA JOLLA CA 92037

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : INCA108105**

Amount of Each Receipt this Period  
100.00

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

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

400.00



**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 89 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. SUE LEAL**

Mailing Address 590 S FALLING STAR DR

City ANAHEIM State CA Zip Code 92808

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

Name of Employer SPEC CERAMICS Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : INCA108138**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**BILL AND DEBBIE LONGO**

Mailing Address 106 ASTI CT

City LINCOLN State CA Zip Code 95648

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

Name of Employer SELF Occupation SWEDISH MATCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : INCA108140**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN STEWART**

Mailing Address 11 SILVER SPRUCE CT

City LAKE FOREST State CA Zip Code 92630

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2014

**Transaction ID : INCA108139**

Amount of Each Receipt this Period  
500.00

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

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

625.00

**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 90 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL PROCTOR**

Mailing Address 5401 VERNER DR

City LA PALMA State CA Zip Code 90623

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

Name of Employer TRI WEST LTD. Occupation GENERAL MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : INCA108170**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PEARL ROENNAU**

Mailing Address 813 9TH ST APT 1

City SANTA MONICA State CA Zip Code 90403

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : INCA108141**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT ROUSE**

Mailing Address 1260 FRESCHI LN

City LINCOLN State CA Zip Code 95648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : INCA108172**

Amount of Each Receipt this Period  
250.00

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

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

530.00

**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 91 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR MUIR**

Mailing Address 116 N ROCHESTER ST

City State Zip Code  
SAN MATEO CA 94401

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

Name of Employer Occupation  
LUIDIA INC. PRODUCT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 09 / 2014

**Transaction ID : INCA108816**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. HUBERT COMBS**

Mailing Address PO BOX 481

City State Zip Code  
NILAND CA 92257

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA108818**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD TIETJEN**

Mailing Address 5511 CORNING AVE

City State Zip Code  
LOS ANGELES CA 90056

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

Name of Employer Occupation  
SELF INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**222.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA108191**

Amount of Each Receipt this Period  
**74.00**

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

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

**224.00**

**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 92 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TED Balestreri**

Mailing Address 555 ABREGO ST

City Monterey State CA Zip Code 93940

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

Name of Employer SELF EMPLOYED Occupation HOTELIER/RESTAURANEUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : INCA108210**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NITA BLASHAW**

Mailing Address 14618 MCADAMS CREEK RD

City FORT JONES State CA Zip Code 96032

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
315.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : INCA108210**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFF CONNIFF**

Mailing Address 3989 VISTAMONT DR

City SAN JOSE State CA Zip Code 95118

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

Name of Employer YAHOO Occupation SOFTWARE DESIGN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : INCA108214**

Amount of Each Receipt this Period  
100.00

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

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

630.00

**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 93 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD GLADBACH**

Mailing Address 27491 HILLCREST PL

City VALENCIA State CA Zip Code 91354

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : INCA108200**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES RHEMER**

Mailing Address 40 TOPAZ WAY

City SAN FRANCISCO State CA Zip Code 94131

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : INCA108206**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILBUR BARDIN**

Mailing Address 7990 GILARDI RD

City NEWCASTLE State CA Zip Code 95658

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108369**

Amount of Each Receipt this Period  
**500.00**

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

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

**700.00**

**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 94 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRITON BERGLUND**

Mailing Address 8260 DALKEITH WAY

City ANTELOPE State CA Zip Code 95843

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108336**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**REV. WAYNE BIGELOW**

Mailing Address 1112 SEDONA ST

City ROCKLIN State CA Zip Code 95765

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

Name of Employer ADVENTURE CHRISTIAN CHURCH Occupation PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108360**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM BISSON**

Mailing Address 1111 ROSE AVE

City PASADENA State CA Zip Code 91107

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108280**

Amount of Each Receipt this Period  
**20.00**

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

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

**170.00**

**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 95 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RAY BOETTGER**

Mailing Address 1255 N BROADWAY APT 430

City ESCONDIDO State CA Zip Code 92026

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108386**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. MELVIN Britton**

Mailing Address 167 Toyon Rd

City Atherton State CA Zip Code 94027

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108435**

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

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SARA BROUSSARD**

Mailing Address 78 ALTA VISTA WAY

City DALY CITY State CA Zip Code 94014

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108316**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

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

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

\_\_\_\_\_ 650.00

\_\_\_\_\_

**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 96 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BEN CAGLE**

Mailing Address 10992 CANYON HILL LN

City	State	Zip Code
SAN DIEGO	CA	92126

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108412**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARGARET CARLI**

Mailing Address 8299 PARUS WAY

City	State	Zip Code
GRANITE BAY	CA	95746

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108363**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 6737 ALDEN LN

City	State	Zip Code
CITRUS HEIGHTS	CA	95621

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108303**

Amount of Each Receipt this Period  
100.00

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

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

250.00



**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 97 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD CHRISTIE**

Mailing Address 26 CORRAL RD

City State Zip Code  
BELL CANYON CA 91307

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
410.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108282**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE CLEGG**

Mailing Address 4401 ORWOOD RD

City State Zip Code  
BRENTWOOD CA 94513

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108327**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT COLEMAN**

Mailing Address 2236 WASHINGTON ST

City State Zip Code  
SAN FRANCISCO CA 94115

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108414**

Amount of Each Receipt this Period  
200.00

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

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

330.00

**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 98 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM COLLINS</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 1150 FLYING FISH ST		<b>Transaction ID : INCA108295</b>	
City FOSTER CITY	State CA	Zip Code 94404	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00		

Full Name (Last, First, Middle Initial) <b>B. JAMES &amp; VICKI COX</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 6560 MARSHES FLAT RD		<b>Transaction ID : INCA108417</b>	
City COULTERVILLE	State CA	Zip Code 95311	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. MR. EUGENE CRAMER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 2176 VIA TECA		<b>Transaction ID : INCA108308</b>	
City SAN CLEMENTE	State CA	Zip Code 92673	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 725.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 99 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES DE COUDRES**

Mailing Address 3312 SAINT ALBANS DR

City State Zip Code  
LOS ALAMITOS CA 90720

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2014

**Transaction ID : INCA108334**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY DESY**

Mailing Address 5324 DOTY LN

City State Zip Code  
PLACERVILLE CA 95667

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

Name of Employer Occupation  
NONE DISABLED VETERAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2014

**Transaction ID : INCA108349**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KAY FINLAY**

Mailing Address 10 LA CERRA CIR

City State Zip Code  
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
975.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2014

**Transaction ID : INCA108418**

Amount of Each Receipt this Period  
100.00

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

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

400.00

**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 100 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARIA GIAMPAOLI**

Mailing Address 12357 LE GRAND RD

City LE GRAND State CA Zip Code 95333

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108343**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DARRELL GOURLEY**

Mailing Address 389 SAN BENITO WAY

City SAN FRANCISCO State CA Zip Code 94127

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108398**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. J. KERN HAMILTON**

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City LOS GATOS State CA Zip Code 95032

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108393**

Amount of Each Receipt this Period  
 500.00

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

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

1200.00

**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 101 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. BERT HASSLER</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 128 ELKINS AVE		<b>Transaction ID : INCA108406</b>
City ARCADIA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. MR. MARK Helm</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 1096 S Rainbow Ave		<b>Transaction ID : INCA108341</b>
City Sanger	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer HERNDON HEALTHCARE, INC.	Occupation PRESIEDNT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. MR. BRIAN JACKSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 7014 SHAY CT		<b>Transaction ID : INCA108419</b>
City HIGHLAND	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation STAY AT HOME DAD	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2700.00
<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 102 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA JACOBSEN**

Mailing Address 7940 AMALFI WAY

City State Zip Code  
FAIR OAKS CA 95628

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108385**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. VERN JONES**

Mailing Address 7640 TOBIA WAY

City State Zip Code  
FAIR OAKS CA 95628

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

Name of Employer Occupation  
ENERGY OPERATIONS MGMT GEOLOGIST/EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108358**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 15 ROBLE RD

City State Zip Code  
SONORA CA 95370

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108338**

Amount of Each Receipt this Period  
100.00

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

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

375.00

**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 103 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HARRY & CARLEEN LEISE**

Mailing Address 3241 CAVU HILL RD

City State Zip Code  
SHINGLE SPRINGS CA 95682

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : INCA108302**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. DOROTHEA LEONARD**

Mailing Address 147 N MAYFLOWER AVE

City State Zip Code  
MONROVIA CA 91016

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : INCA108331**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JUDITH LOUGHRIN**

Mailing Address 3460 LIVE OAK RD

City State Zip Code  
SANTA YNEZ CA 93460

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : INCA108296**

Amount of Each Receipt this Period  
**35.00**

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

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

**160.00**

**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 104 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JANE MAC LEOD**

Mailing Address 650 HARRISON AVE

City State Zip Code  
CLAREMONT CA 91711

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108318**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN MCCARTHY**

Mailing Address 825 OAK GROVE RD APT 27

City State Zip Code  
CONCORD CA 94518

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

Name of Employer Occupation  
CONTRA COSTA COMM. COLLEGE DIST. LIBRARY ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108287**

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA MIGNANO**

Mailing Address 12940 FIR DR

City State Zip Code  
SONORA CA 95370

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108378**

Amount of Each Receipt this Period  
100.00

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

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

225.00



**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 105 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLIE OLSON**

Mailing Address 588 CRAWFORD DR

City State Zip Code  
SUNNYVALE CA 94087

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
C J OLSON CHERRIES FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108381**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. FRED OTT**

Mailing Address 4521 LAKESHORE CT

City State Zip Code  
SHINGLE SPRINGS CA 95682

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
STATE FARM INS AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108434**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. MORTON RAPPAPORT**

Mailing Address 3068 DONA SUSANA DR

City State Zip Code  
STUDIO CITY CA 91604

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108427**

Amount of Each Receipt this Period

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

**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 106 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NEIL RICCI**

Mailing Address 458 21ST PL

City State Zip Code  
SANTA MONICA CA 90402

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108306**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN ROSS**

Mailing Address 340 W CLARK ST

City State Zip Code  
UPLAND CA 91784

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ROLYN OPTICS COMPANY BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108402**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JUNE SCHISLER**

Mailing Address 500 N GRAPE ST APT 303

City State Zip Code  
ESCONDIDO CA 92025

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108407**

Amount of Each Receipt this Period

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

**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 107 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LT. COL G. RAY SCHOCH RET</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 118 GLENWOOD CT		<b>Transaction ID : INCA108299</b>	
City VACAVILLE	State CA	Zip Code 95688	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. BETTY SHERRY</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 1724 W CATALPA AVE APT 320		<b>Transaction ID : INCA108293</b>	
City ANAHEIM	State CA	Zip Code 92801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00		

Full Name (Last, First, Middle Initial) <b>C. ARLIE SKOV</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address 1108 CALLE DE LOS AMIGOS APT D		<b>Transaction ID : INCA108373</b>	
City SANTA BARBARA	State CA	Zip Code 93105	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 108 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LARRY SMITH**

Mailing Address 1601 DOVE ST STE 145

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MHI REAL COMPANY PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108346**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD TALVOLA**

Mailing Address 1601 BAYSHORE HIGHWAY #211

City State Zip Code  
BURLINGAME CA 94010

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FTI SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108428**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. GILLES VAN NEDERVEEN**

Mailing Address PO BOX 610

City State Zip Code  
LINCOLN CA 95648

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108300**

Amount of Each Receipt this Period

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

**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 109 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CATHERINE WALLACE**

Mailing Address 12664 HOMEWOOD WAY

City State Zip Code  
LOS ANGELES CA 90049

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108325**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**FRANCIS WATSON**

Mailing Address 195 DIAMOND OAKS RD

City State Zip Code  
ROSEVILLE CA 95678

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108405**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. LYLE WELLS**

Mailing Address 1751 W BOWLING ST

City State Zip Code  
ANAHEIM CA 92804

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

Name of Employer Occupation  
TRIG-TEK, INC. ELECTRICAL ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108391**

Amount of Each Receipt this Period  
35.00

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

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

185.00

**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 110 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELEANOR WHEELER**

Mailing Address 4220 SAN JUAN AVE

City State Zip Code  
FREMONT CA 94536

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

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108297**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK WILLIAMS**

Mailing Address 4949 LOCH LEVEN DR

City State Zip Code  
POLLOCK PINES CA 95726

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

Name of Employer Occupation  
US ARMY MEDICAL ADMINISTRATIVE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108286**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ARLYN WILSON**

Mailing Address 150 LONGMEADOW DR

City State Zip Code  
LOS GATOS CA 95032

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2014

**Transaction ID : INCA108420**

Amount of Each Receipt this Period  
500.00

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

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

700.00

**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 111 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW BARTH**

Mailing Address 2200 CHAUCER RD

City State Zip Code  
SAN MARINO CA 91108

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

Name of Employer Occupation  
THE CAPITAL GROUP COS. INVESTMENT MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2014

**Transaction ID : INCA108230**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address PO BOX 530

City State Zip Code  
LAGUNITAS CA 94938

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2014

**Transaction ID : INCA108231**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William Brandt**

Mailing Address PO Box 118

City State Zip Code  
Brawley CA 92227

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

Name of Employer Occupation  
SELF EMPLOYED RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2014

**Transaction ID : INCA108245**

Amount of Each Receipt this Period  
100.00

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

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

2750.00

**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 112 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GERMAINE COUCH**

Mailing Address 7770 BUENA VISTA DR

City RANCHO CUCAMONGA State CA Zip Code 91730

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : INCA108239**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**FLOYD PEDERSEN VENTURES**

Mailing Address PO BOX 871

City MARYSVILLE State CA Zip Code 95901

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

Name of Employer NONE Occupation SOLE PROP.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : INCA108255**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS FRANCES POHORSKY**

Mailing Address 12861 CHATSWORTH LN

City GRASS VALLEY State CA Zip Code 95945

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : INCA108235**

Amount of Each Receipt this Period  
**100.00**

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

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

**350.00**



**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 113 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. IONE SANDERS**

Mailing Address 3240 SEMINOLE CIR

City State Zip Code  
FAIRFIELD CA 94534

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108257**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOE CRAIL**

Mailing Address 2172 DUPONT DR STE 230

City State Zip Code  
IRVINE CA 92612

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WESTERN MUTUAL INS. EXEC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108275**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SHARON CRAIL**

Mailing Address 3 DEEP SEA

City State Zip Code  
NEWPORT COAST CA 92657

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108277**

Amount of Each Receipt this Period

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

**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 114 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DR. Arnold Zeiderman M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 13250 Shake Ridge Rd		<b>Transaction ID : INCA108273</b>	
City Sutter Creek	State CA	Zip Code 95685	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SELF EMPLOYED	Occupation MEDICAL DOCTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR. C. GRANT ABBOTT JR.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 20465 SHAMROCK PL		<b>Transaction ID : INCA108503</b>	
City CHATSWORTH	State CA	Zip Code 91311	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) <b>C. MS. MONA APARICIO</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 445 HERRINGTON CT		<b>Transaction ID : INCA108556</b>	
City SUTTER CREEK	State CA	Zip Code 95685	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<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 115 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SONJA BILLOTTE**

Mailing Address 441 TRINITY AVE

City State Zip Code  
YUBA CITY CA 95991

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
405.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108524**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE BOSTICK**

Mailing Address 850 WIXFORD WAY

City State Zip Code  
SACRAMENTO CA 95864

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108498**

Amount of Each Receipt this Period  
1250.00

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

Mailing Address 6150 RUSTIC HILLS DR

City State Zip Code  
ROCKLIN CA 95677

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108501**

Amount of Each Receipt this Period  
100.00

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

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

1390.00

**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 116 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address **PO BOX 530**

City **LAGUNITAS** State **CA** Zip Code **94938**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108516**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN BROWN**

Mailing Address **3939 WALNUT AVE UNIT 352**

City **CARMICHAEL** State **CA** Zip Code **95608**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108519**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CAMPBELL**

Mailing Address **10250 KALUA DR**

City **SUNLAND** State **CA** Zip Code **91040**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108553**

Amount of Each Receipt this Period  
**100.00**

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

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

**150.00**

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

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

FOR LINE NUMBER: PAGE 117 OF 382  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN CHAZEN**

Mailing Address PO BOX 1229

City State Zip Code  
BELLAIRE TX 77402

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

Name of Employer Occupation  
OCCIDENTAL PETROLEUM CORP. CORPORATE OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108497**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARY COLE**

Mailing Address 13640 PASEO DEL ROBLE CT

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
707.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108491**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH COLLIN**

Mailing Address 2972 SAILOR AVE

City State Zip Code  
VENTURA CA 93001

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1005.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108545**

Amount of Each Receipt this Period  
300.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EUGENE CRAMER**

Mailing Address 2176 VIA TECA

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **725.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108530**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES CRITTENDEN**

Mailing Address 1702 VIA REDONDO

City SAN LORENZO State CA Zip Code 94580

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108527**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. J. CROWELL**

Mailing Address 1371 TREASURE LN

City SANTA ANA State CA Zip Code 92705

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108561**

Amount of Each Receipt this Period  
**100.00**

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

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

**175.00**

**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 119 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MRS. NANCY CUTTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Mailing Address 5170 ELMWOOD AVE		<b>Transaction ID : INCA108479</b>
City NEWARK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245.00	

Full Name (Last, First, Middle Initial) <b>MR. LAWRENCE EDELMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Mailing Address 130 SAN ALES0 AVE		<b>Transaction ID : INCA108562</b>
City SAN FRANCISCO	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LAWRENCE BERKELEY NATIONAL LAB	Occupation ATTORNEY	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>MR. THEODORE FLILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2014
Mailing Address 6 LANCIANO		<b>Transaction ID : INCA108508</b>
City IRVINE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer GEOLOGICS	Occupation CONSULTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<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 120 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN FRANZEN**

Mailing Address 1524 MILAN AVE

City SOUTH PASADENA State CA Zip Code 91030

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

Name of Employer NONE Occupation RETIRED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
299.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108517**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL FREEMAN**

Mailing Address 420 W SANTA INEZ AVE

City HILLSBOROUGH State CA Zip Code 94010

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108481**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CATHARINE GODSEY**

Mailing Address 360 PICKERING PL

City WALNUT CREEK State CA Zip Code 94598

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

Name of Employer NONE Occupation RETIRED WIDOW OF FRANK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108558**

Amount of Each Receipt this Period  
100.00

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

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

450.00



**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 121 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. AUDREY HAINES**

Mailing Address 3470 KINGMONT DR

City LOOMIS State CA Zip Code 95650

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108555**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**JEANINE HENKE**

Mailing Address 151 S K ST

City OXNARD State CA Zip Code 93030

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108532**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**BARBARA & JAMES HETZLER**

Mailing Address 25382 SEA BLUFFS DR UNIT 209

City DANA POINT State CA Zip Code 92629

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108543**

Amount of Each Receipt this Period  
**100.00**

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

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

**300.00**

**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 122 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WAYNE HILL**

Mailing Address 1125 NORTHWOOD RD APT 235F

City SEAL BEACH	State CA	Zip Code 90740
--------------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108492**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM INGLIS JR.**

Mailing Address 514 HIGHCREST CT

City NEWBURY PARK	State CA	Zip Code 91320
----------------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108523**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. COREY LINQUIST**

Mailing Address 2521 CLARKSVILLE RD

City RESCUE	State CA	Zip Code 95672
----------------	-------------	-------------------

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

Name of Employer METROPCS, INC.	Occupation MANAGEMENT
------------------------------------	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : INCA108507**

Amount of Each Receipt this Period  
1500.00

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

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

1650.00

**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 123 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. GLORIA MAHAN**

Mailing Address 1008 CAMELIA AVE

City ROSEVILLE State CA Zip Code 95678

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108551**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL MCDUGALL**

Mailing Address 1037 SUNCAST LN #111

City EL DORADO HILLS State CA Zip Code 95762

FEC ID number of contributing federal political committee.

Name of Employer MJM PROPERTIES, LLC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108567**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR MICHELETTI**

Mailing Address 25380 BECKY LN

City LOS ALTOS HILLS State CA Zip Code 94022

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108563**

Amount of Each Receipt this Period

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

**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 124 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LOUEEN MILLER**

Mailing Address 816 MONTE VISTA AVE

City State Zip Code  
VENTURA CA 93003

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

Name of Employer Occupation  
NONE RETIRED WIDOW

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2014

**Transaction ID : INCA108500**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD PEASE**

Mailing Address 20600 OAKSBORO CIR

City State Zip Code  
WOODLAND HILLS CA 91364

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
570.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2014

**Transaction ID : INCA108489**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. L. PATRICIA RAMAEKERS**

Mailing Address 4952 SEAPINE CIR

City State Zip Code  
HUNTINGTON BEACH CA 92649

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2014

**Transaction ID : INCA108488**

Amount of Each Receipt this Period  
35.00

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

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

185.00

**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 125 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS., SHIRLEY SCHULTZ</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 855 COTTONWOOD CT		<b>Transaction ID : INCA108513</b>	
City LINCOLN	State CA	Zip Code 95648	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 275.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. MARCELINE SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address PO BOX 97		<b>Transaction ID : INCA108515</b>	
City PRATHER	State CA	Zip Code 93651	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer MOUNTAIN PRESS	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

Full Name (Last, First, Middle Initial) <b>C. COL. SHERMAN SMITH USMC R</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 3890 NOBEL DR UNIT 1704		<b>Transaction ID : INCA108540</b>	
City SAN DIEGO	State CA	Zip Code 92122	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 275.00
<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 126 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN TAKACS**

Mailing Address **366 ROYCROFT AVE**

City **LONG BEACH** State **CA** Zip Code **90814**

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

Name of Employer **BOEING** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108521**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA WALKER**

Mailing Address **812 BIRCHWOOD DR**

City **LOS ANGELES** State **CA** Zip Code **90024**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**475.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108528**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. FRANCINE WELSTAND**

Mailing Address **2675 TAMALPAIS DR**

City **PINOLE** State **CA** Zip Code **94564**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108487**

Amount of Each Receipt this Period  
**200.00**

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

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

**400.00**

**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 127 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ELIZABETH WILSONHOYLES**

Mailing Address 1002 14TH ST APT 2

City State Zip Code  
SANTA MONICA CA 90403

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

Name of Employer Occupation  
HUNTLEY SANTA MONICA BEACH HOTEL DIR. GUEST SERVICES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 21 / 2014**

**Transaction ID : INCA108533**

Amount of Each Receipt this Period  
**30.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT BANISTER**

Mailing Address PO BOX 997

City State Zip Code  
HALF MOON BAY CA 94019

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

Name of Employer Occupation  
SELF EMPLOYED STARTUP CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 22 / 2014**

**Transaction ID : INCA108446**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. LEIGHTON FRYE**

Mailing Address PO BOX 743

City State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation  
LJR LLC INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 22 / 2014**

**Transaction ID : INCA108447**

Amount of Each Receipt this Period  
**250.00**

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

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

**305.00**

**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 128 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CYNTHIA IBRAHIM**

Mailing Address 18175 FAIRFIELD DR

City State Zip Code  
MADERA CA 93638

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

Name of Employer Occupation  
LA VINA RANCH SAFETY COORDINATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : INCA108448**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CHIHOREK**

Mailing Address 24881 ALICIA PKWY #E241

City State Zip Code  
LAGUNA HILLS CA 92653

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : INCA108451**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ROSALIND BLACK**

Mailing Address 11252 BIMINI DR

City State Zip Code  
SANTA ANA CA 92705

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : INCA108593**

Amount of Each Receipt this Period  
100.00

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

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

225.00



**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 129 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ANNE BLAKE**

Mailing Address **881 DANVILLE BLVD**

City **DANVILLE** State **CA** Zip Code **94526**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : INCA108582**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN BRECKELL**

Mailing Address **8518 PONCE AVE**

City **WEST HILLS** State **CA** Zip Code **91304**

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

Name of Employer **LA VALLEY COLLEGE** Occupation **TEACHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : INCA108594**

Amount of Each Receipt this Period  
**20.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BURSON**

Mailing Address **18195 WATTS VALLEY RD**

City **SANGER** State **CA** Zip Code **93657**

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

Name of Employer **CHEERY AVENUE AUCTION** Occupation **FACILITY MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : INCA108597**

Amount of Each Receipt this Period  
**100.00**

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

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

**170.00**

**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 130 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CEFALU**

Mailing Address 753 LAKEVIEW AVE

City SOUTH LAKE TAHOE State CA Zip Code 96150

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

Name of Employer GLOBIN BUILDING Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : INCA108624**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM DUFFY JR.**

Mailing Address 20637 LEONARD RD

City SARATOGA State CA Zip Code 95070

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : INCA108599**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JESSE FOSTER JR.**

Mailing Address 305 KAREN WAY

City TIBURON State CA Zip Code 94920

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

Name of Employer COUNTY OF SONOMA Occupation CIVIL ENGINEER TECH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : INCA108590**

Amount of Each Receipt this Period  
100.00

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

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

450.00

**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 131 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. VIRGINIA GOW</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 10944 LOCH LOMOND DR		<b>Transaction ID : INCA108587</b>	
City WHITTIER	State CA	Zip Code 90606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>B. MR. SCOTT HANSON</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 4853 MOREAU CT		<b>Transaction ID : INCA108618</b>	
City EL DORADO HILLS	State CA	Zip Code 95762	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer HANSON MCCLAIN	Occupation INVESTMENT ADVISOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. PATRICK HOWARD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 1048 ENCINO ROW		<b>Transaction ID : INCA108605</b>	
City CORONADO	State CA	Zip Code 92118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 132 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RONALD KOLLMANSBERGER**

Mailing Address 1115 INSPIRATION LN

City State Zip Code  
ESCONDIDO CA 92025

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BOEING MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108591**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS NEIL**

Mailing Address 5489 OLINDA RD

City State Zip Code  
EL SOBRANTE CA 94803

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108588**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA PRAUSA**

Mailing Address 35179 CHARMWOOD CT

City State Zip Code  
NEWARK CA 94560

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108584**

Amount of Each Receipt this Period

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

**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 133 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHRYN PRITCHARD**

Mailing Address 507 E SUNNY HILLS RD

City State Zip Code  
FULLERTON CA 92835

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108609**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL RAIDER**

Mailing Address 818 LAURELWOOD DR

City State Zip Code  
SAN MATEO CA 94403

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108612**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. LEO STRAUS**

Mailing Address 302 ESTATE LN

City State Zip Code  
BROOKVILLE OH 45309

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108459**

Amount of Each Receipt this Period

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

**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 134 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**YOCHA DEHE WINTUN NATION**

Mailing Address **PO BOX 18**

City **BROOKS** State **CA** Zip Code **95606**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : INCA108622**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS ROBINSON**

Mailing Address **4 CORPORATE PLAZA DR**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

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

Name of Employer Occupation  
**NTC COMMERCIAL REAL ESTATE GROUP, I REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 28 / 2014**

**Transaction ID : INCA108575**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**DR. COREY MAAS**

Mailing Address **12752 CALEB DR**

City **TRUCKEE** State **CA** Zip Code **96161**

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

Name of Employer Occupation  
**TMC SURGEON**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 31 / 2014**

**Transaction ID : INCA108577**

Amount of Each Receipt this Period  
 5100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<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 135 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CINDY BURKE**

Mailing Address 8500 LINDA CREEK CT

City ORANGEVALE State CA Zip Code 95662

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : INCA108626**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. TIM BURKE**

Mailing Address 8500 LINDA CREEK CT

City ORANGEVALE State CA Zip Code 95662

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

Name of Employer QUEST Occupation OWNER/PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 03 / 2014

**Transaction ID : INCA108627**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANET AVERILL**

Mailing Address 480 ENCANADA DR

City LA HABRA HEIGHTS State CA Zip Code 90631

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108701**

Amount of Each Receipt this Period  
100.00

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

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

5300.00

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

Form/Schedule: SA11AI

Transaction ID : INCA108627

Refund issued 9/4/14

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 137 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL BUTALA**

Mailing Address 11805 LAMBERT AVE

City State Zip Code  
EL MONTE CA 91732

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108707**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARTHA CENGR**

Mailing Address 6518 MCNUTT WAY

City State Zip Code  
CYPRESS CA 90630

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108700**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA CRANSTON**

Mailing Address 23460 CAMINO HERMOSO DR

City State Zip Code  
LOS ALTOS HILLS CA 94024

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108712**

Amount of Each Receipt this Period

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

**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 138 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MRS. MARY DOHNKE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1282 SHERWOOD LN		<b>Transaction ID : INCA108733</b>
City DIAMOND SPRINGS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED	Election Cycle-to-Date 275.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. ALAN ENGEL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 333 W MAUDE AVE STE 218		<b>Transaction ID : INCA108631</b>
City SUNNYVALE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer S101 MANAGEMENT	Occupation PPRESIDENT	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>MR. DOUGLAS GESSNER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 300 N LA SALLE		<b>Transaction ID : INCA108633</b>
City CHICAGO	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KIRKLAND & ELLIS LLP	Occupation PARTNER	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<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 139 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. HAROLD GILBREATH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 7630 EL ESCORIAL WAY		<b>Transaction ID : INCA108702</b>	
City BUENA PARK	State CA	Zip Code 90620	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 358.45		

Full Name (Last, First, Middle Initial) <b>MR. JOHN GREGG</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 21 BORDEAUX		<b>Transaction ID : INCA108694</b>	
City NEWPORT BEACH	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer GREGG'S CUSTOM HOMES	Occupation CONTRACTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MR. MARK HEDLUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 1045 TRANQUIL HILLS CT		<b>Transaction ID : INCA108732</b>	
City PASO ROBLES	State CA	Zip Code 93446	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer P G & E	Occupation SYSTEM OPERATOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 140 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAYNE & DENNIS HORN**

Mailing Address 5211 MOUNT ARIANE TER

City SAN DIEGO State CA Zip Code 92111

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
485.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108749**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA & R. S. KEEFER**

Mailing Address 900 SEQUOIA AVE

City MILLBRAE State CA Zip Code 94030

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

Name of Employer DEL MONTE FOODS Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
310.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108723**

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID KIACHKO**

Mailing Address 103 GALEWOOD CIR

City SAN FRANCISCO State CA Zip Code 94131

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108636**

Amount of Each Receipt this Period  
1000.00

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

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

1125.00

**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 141 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HOWARD KLEIN**

Mailing Address **5 CHARLESTON**

City **IRVINE** State **CA** Zip Code **92620**

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

Name of Employer **KLEIN, O'NEIL & SINGH** Occupation **ATTORNEY**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : INCA108746**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**LORI KOMISAR**

Mailing Address **765 SHERIDAN RD**

City **WINNETKA** State **IL** Zip Code **60654**

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

Name of Employer **MOTRIXI MEDIA GROUP** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : INCA108637**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LYNN KYME**

Mailing Address **7980 W HIDDEN LAKES DR**

City **GRANITE BAY** State **CA** Zip Code **95746**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 04 / 2014**

**Transaction ID : INCA108699**

Amount of Each Receipt this Period  
**100.00**

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

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

**1350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>DR. DAVID MARINOFF</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 3020 HOLYROOD DR		<b>Transaction ID : INCA108630</b>
City OAKLAND	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EAST BAY PERINATAL	Occupation PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>MR. NICHOLAS MEYER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 922 BUCKSKIN RD		<b>Transaction ID : INCA108734</b>
City ANGELS CAMP	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

Full Name (Last, First, Middle Initial) <b>MR. DANIEL MINKOFF</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 6272 VIRGO ST		<b>Transaction ID : INCA108629</b>
City OAKLAND	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer THE MINKOFF GROUP	Occupation REAL ESTATE INVESTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2050.00
<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 143 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald Penniall**

Mailing Address 1413 8th St

City State Zip Code  
Coronado CA 92118

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108736**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SANDY PERL**

Mailing Address 300 N LA SALLE

City State Zip Code  
CHICAGO IL 60654

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108632**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. LEW PRICE**

Mailing Address PO BOX 88

City State Zip Code  
GARDEN VALLEY CA 95633

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

Name of Employer Occupation  
SELF, LEW P. PRICE WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108726**

Amount of Each Receipt this Period  
100.00

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

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

1600.00

**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 144 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARY REE**

Mailing Address 27722 SUTTERS POINTE DR

City State Zip Code  
SANTA CLARITA CA 91350

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

Name of Employer Occupation  
REALTY EXECUTIVES REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108708**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. VIRGINIA ROWLEY**

Mailing Address PO BOX 7

City State Zip Code  
LOOMIS CA 95650

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108730**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES SCHROEDER**

Mailing Address 1973 BATCHELDER CT

City State Zip Code  
EL CAJON CA 92020

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108703**

Amount of Each Receipt this Period  
100.00

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

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

300.00



**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 145 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. W. LEONARD SEELEY**

Mailing Address 400 RAILROAD AVE APT 13

City State Zip Code  
NEVADA CITY CA 95959

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : INCA108693**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD SHAWKEY**

Mailing Address PO BOX 2443

City State Zip Code  
ARNOLD CA 95223

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : INCA108751**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN SWAN**

Mailing Address 10703 GRAND AVE

City State Zip Code  
TEMPLE CITY CA 91780

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : INCA108706**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 146 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILMA WALSH**

Mailing Address 5161 DONNA AVE

City State Zip Code  
TARZANA CA 91356

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : INCA108747**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. RALPH WAUGH**

Mailing Address 40646 16TH ST W

City State Zip Code  
PALMDALE CA 93551

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

Name of Employer Occupation  
RALPH WAUGH, D.D.S., M.D., INC. DDS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : INCA108695**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRED WEILER**

Mailing Address 16331 MAHOGANY ST

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2014

**Transaction ID : INCA108725**

Amount of Each Receipt this Period  
25.00

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

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

225.00

**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 147 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL WILSON**

Mailing Address 2197 SUTTER VIEW LN

City LINCOLN State CA Zip Code 95648

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1725.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108750**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT WOLFBERG**

Mailing Address 800 GROVE ST

City GLENCOE State IL Zip Code 60022

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

Name of Employer PLS FINANCIAL Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108634**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHNNY ZAMRZLA**

Mailing Address 2229 E AVENUE Q

City PALMDALE State CA Zip Code 93550

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

Name of Employer WESTERN PACIFIC ROOFING Occupation CONTRACTOR/OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108628**

Amount of Each Receipt this Period  
750.00

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

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

2000.00

**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 148 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD ZECHEL**

Mailing Address 8679 LEMON AVE APT 10

City LA MESA State CA Zip Code 91941

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108719**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. RIVKA ZELL**

Mailing Address 194 CEDAR AVE

City HIGHLAND PARK State IL Zip Code 60035

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108635**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. H. Clay Daulton**

Mailing Address 31131 Road 603

City Madera State CA Zip Code 93638

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

Name of Employer DAULTON RANCH Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 05 / 2014

**Transaction ID : INCA108650**

Amount of Each Receipt this Period  
250.00

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

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

1270.00

**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 149 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOYCE FERN**

Mailing Address 668 MEADOW CANYON DR

City State Zip Code  
PITTSBURG CA 94565

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108656**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**JACK AND SHANNON HANSEN**

Mailing Address 7360 STATE HIGHWAY 49

City State Zip Code  
EL DORADO CA 95623

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CDC CORRECTIONAL OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108657**

Amount of Each Receipt this Period

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

Mailing Address 36 BONITA AVE

City State Zip Code  
PIEDMONT CA 94611

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF EMPLOYED WRITER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108666**

Amount of Each Receipt this Period

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

**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 150 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. GENE SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2014	
Mailing Address 600 JADE RIVER CT		<b>Transaction ID : INCA108643</b>	
City ROSEVILLE	State CA	Zip Code 95678	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 320.00		

Full Name (Last, First, Middle Initial) <b>B. DIANE STEFFY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2014	
Mailing Address 6 CYPRESS POINT LN		<b>Transaction ID : INCA108667</b>	
City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. LESLIE BASS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2014	
Mailing Address 23532 VIA BREVE		<b>Transaction ID : INCA108676</b>	
City MISSION VIEJO	State CA	Zip Code 92691	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2675.00
<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 151 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**,R/ JAMES DOWNEY**

Mailing Address 26000 NEWBRIDGE DR

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer Occupation  
ALTOS SONOMA CORP. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : INCA108675**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN HICKS**

Mailing Address 2305 ROANOKE RD

City State Zip Code  
SAN MARINO CA 91108

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : INCA108673**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. GENE KOMATSU**

Mailing Address 1804 HARKNESS ST

City State Zip Code  
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation  
SELF EMPLOYED GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : INCA108677**

Amount of Each Receipt this Period  
100.00

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

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

400.00

**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 152 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CELICK**

Mailing Address 9854 NATIONAL BLVD #241

City	State	Zip Code
LOS ANGELES	CA	90034

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : INCA108688**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEVE POIZNER**

Mailing Address 16320 LOS SERENOS ROBLES

City	State	Zip Code
LOS GATOS	CA	95030

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

Name of Employer	Occupation
EMPOWERED UNIVERSITY	CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : INCA108687**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVE RICHIE**

Mailing Address 300 N LA SALLE

City	State	Zip Code
CHICAGO	IL	60654

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

Name of Employer	Occupation
KIRKLAND & ELLIS LLP	ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : INCA108686**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00



**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 153 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHUCK BERNARD**

Mailing Address 52 DARRELL PL # 3

City State Zip Code  
SAN FRANCISCO CA 94133

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

Name of Employer Occupation  
AKAMAI TECHNOLOGIES SR. SOFTWARE ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA108825**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address PO BOX 530

City State Zip Code  
LAGUNITAS CA 94938

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA108833**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS GILHOOLEY**

Mailing Address 9904 HELEN AVE

City State Zip Code  
SHADOW HILLS CA 91040

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

Name of Employer Occupation  
ABC STUDIOS GREYS ANATOMY TRANSPORTATION COORDINATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA108832**

Amount of Each Receipt this Period  
**100.00**

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

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

**225.00**

**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 154 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA MEDLEY**

Mailing Address 1094 PROSPECT PL

City State Zip Code  
VISTA CA 92081

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108817**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN OUZOUNIAN**

Mailing Address 1222 E BALBOA BLVD

City State Zip Code  
NEWPORT BEACH CA 92661

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OUZOUNIAN CONSTRUCTORS, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108834**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE FREDRICKSON**

Mailing Address 399 LIVE OAK CT

City State Zip Code  
MILPITAS CA 95035

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PHYSICAL ELECTRONICS USA ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108841**

Amount of Each Receipt this Period

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

**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 155 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SHEILA NOLAN**

Mailing Address 6411 FAUSTINO WAY

City State Zip Code  
SACRAMENTO CA 95831

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF-EMPLOYED AS SHEILA C. NOLAN ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108842**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD RUSSELL**

Mailing Address 735 DARIEN WAY

City State Zip Code  
SAN FRANCISCO CA 94127

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
STATE FARM INS. SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108845**

Amount of Each Receipt this Period

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

Mailing Address 10810 BARNETT VALLEY RD

City State Zip Code  
SEBASTOPOL CA 95472

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INTIMATE WINE TOURS CONCIERGE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108918**

Amount of Each Receipt this Period

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

**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 156 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LARRY STIRLING**

Mailing Address 2261 SAN JUAN RD

City State Zip Code  
SAN DIEGO CA 92103

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : INCA108846**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. DIXIE BEAR**

Mailing Address 21 GLEN ECHO

City State Zip Code  
DOVE CANYON CA 92679

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109019**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CARNEY**

Mailing Address 200 POWERS DR

City State Zip Code  
EL DORADO HILLS CA 95762

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA108878**

Amount of Each Receipt this Period  
200.00

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

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

500.00

**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 157 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS MARY DENSMORE**

Mailing Address 1426 MILDINE DR

City State Zip Code  
GLENDALE CA 91208

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
499.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : INCA108862**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARLIN DORNBUSH**

Mailing Address 4008 ICE HOUSE WAY

City State Zip Code  
ROSEVILLE CA 95747

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : INCA108874**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. SHARON ESKELSON**

Mailing Address 10266 SHARONJACK RD

City State Zip Code  
AUBURN CA 95602

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

Name of Employer Occupation  
CA ASSOCIATION BUSINESS PROPERTY OFFICE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
298.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2014

**Transaction ID : INCA108864**

Amount of Each Receipt this Period  
50.00

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

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

380.00

**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 158 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. HECTOR ESTEVANE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 1102 LA SOMBRA DR		<b>Transaction ID : INCA109047</b>	
City SAN MARCOS	State CA	Zip Code 92078	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. DIANE FERGUSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 30448 RANCHO VIEGO RD STE 172		<b>Transaction ID : INCA109049</b>	
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer NONE	Occupation NONE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00		

Full Name (Last, First, Middle Initial) <b>C. MR. ROBERT FERGUSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2014	
Mailing Address 30448 RANCHO VIEJO RD STE 172		<b>Transaction ID : INCA109022</b>	
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer BOB FERGUSON - INDEPENDENT	Occupation PETROLEUM GEOLOGIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<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 159 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ARLENE FILIPPI**

Mailing Address 42 WOOD ST

City State Zip Code  
SAN FRANCISCO CA 94118

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

Name of Employer Occupation  
AMERICAN TERRAZZO CORP. OFFICE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA108876**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. SALLY GIDARO**

Mailing Address 891 RORKE WAY

City State Zip Code  
PALO ALTO CA 94303

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109018**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL HENNESSY**

Mailing Address 5319 W 138TH ST

City State Zip Code  
HAWTHORNE CA 90250

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109029**

Amount of Each Receipt this Period  
100.00

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

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

300.00

**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 160 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. FRANCES HILLS**

Mailing Address 467 DEODARA DR

City State Zip Code  
LOS ALTOS CA 94024

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109042**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. VICTOR JEWORSKI**

Mailing Address 13480 ROBLEDA RD

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
305.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109038**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. RONIKA JOHNSON**

Mailing Address PO BOX 2068

City State Zip Code  
MARIPOSA CA 95338

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

Name of Employer Occupation  
CA DEPT. OF CORRECTIONS CORRECTIONAL SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
361.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109071**

Amount of Each Receipt this Period  
361.39

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

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

511.39



**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 161 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROYAL KRIEGER**

Mailing Address 4672 REDWOOD RD

City State Zip Code  
OAKLAND CA 94619

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
KRIEGER-CAMPBALL, INC. INVESTMENT ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109053**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL LANG**

Mailing Address PO BOX 952

City State Zip Code  
LA MIRADA CA 90637

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ARGUS CONTRACTING INC. ADMIN. ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109024**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**HARRY & CARLEEN LEISE**

Mailing Address 3241 CAVU HILL RD

City State Zip Code  
SHINGLE SPRINGS CA 95682

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109030**

Amount of Each Receipt this Period

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

**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 162 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HENRY LEONARDI**

Mailing Address 432 CALLE DE LA MESA

City NOVATO State CA Zip Code 94949

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

Name of Employer LEONARDI PROPERTIES Occupation PROPERTY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
480.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109035**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RALPH MATSUMOTO**

Mailing Address 10700 E ACAMPO RD

City ACAMPO State CA Zip Code 95220

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109059**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. RAMONA MOLOSKI**

Mailing Address 16100 CURTIS TRL # 4

City FRAZIER PARK State CA Zip Code 93225

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109051**

Amount of Each Receipt this Period  
40.00

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

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

190.00

**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 163 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. David Nearon**

Mailing Address 111 Southview Ln

City Alamo State CA Zip Code 94507

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109064**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**LINDA PEDDIE D. V.**

Mailing Address 4201 FARIA RD

City VENTURA State CA Zip Code 93001

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109037**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DELBERT RAPINI**

Mailing Address 28555 ROLLINS LAKE RD

City COLFAX State CA Zip Code 95713

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

Name of Employer SELF EMPLOYED Occupation DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109046**

Amount of Each Receipt this Period  
100.00

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

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

700.00

**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 164 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JOANN REBANE**

Mailing Address 10832 CEMENT HILL RD

City State Zip Code  
NEVADA CITY CA 95959

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 15 2014**

**Transaction ID : INCA109040**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**BONNIE SHEPARD**

Mailing Address 2926 CRESCENT WAY

City State Zip Code  
THOUSAND OAKS CA 91362

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 15 2014**

**Transaction ID : INCA108856**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLAY SIGG**

Mailing Address 9715 WEDGEWOOD PL

City State Zip Code  
GRANITE BAY CA 95746

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

Name of Employer Occupation  
LYON REAL ESTATE REAL ESTATE EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 15 2014**

**Transaction ID : INCA109017**

Amount of Each Receipt this Period  
**125.00**

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

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

**650.00**

**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 165 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD TREADGOLD**

Mailing Address 1025 ANZA ST

City State Zip Code  
SAN FRANCISCO CA 94118

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**333.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109067**

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY ALLEN**

Mailing Address 2334 GREENFIELD AVE

City State Zip Code  
ARCADIA CA 91006

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA108885**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS AUSTIN**

Mailing Address 3100 HOPKINS PL

City State Zip Code  
EL DORADO HILLS CA 95762

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

Name of Employer Occupation  
SIERRA RESEARCH INC CONSULTING ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA109676**

Amount of Each Receipt this Period  
**1300.00**

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

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

**1360.00**

**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 166 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address PO BOX 530

City LAGUNITAS State CA Zip Code 94938

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA108951**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES CARRON**

Mailing Address 12000 MONT VISTA DR

City AUBURN State CA Zip Code 95603

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA108941**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD FREYMAN**

Mailing Address 5349 HUMBOLDT DR

City ROCKLIN State CA Zip Code 95765

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA108928**

Amount of Each Receipt this Period  
100.00

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

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

225.00

**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 167 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAY GARACOCHEA**

Mailing Address 720 11TH ST

City State Zip Code  
SANTA MONICA CA 90402

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : INCA108927**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES GOMES**

Mailing Address 2053 RIESLING WAY

City State Zip Code  
CAMERON PARK CA 95682

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

Name of Employer Occupation  
VERISIGN, INC. VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : INCA108933**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE HILLMAN**

Mailing Address 63 ORCHARD RD

City State Zip Code  
ORINDA CA 94563

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 16 / 2014

**Transaction ID : INCA108903**

Amount of Each Receipt this Period  
200.00

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

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

500.00

**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 168 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CARL LONG**

Mailing Address 237 TIN CUP RD

City State Zip Code  
DARBY MT 59829

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108939**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN LUTHER**

Mailing Address 837 E WALNUT AVE

City State Zip Code  
GLENDDORA CA 91741

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED POLICE DET. SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108886**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. CALVIN MALINKA**

Mailing Address 117 W WABASH ST

City State Zip Code  
RIALTO CA 92376

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108881**

Amount of Each Receipt this Period

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

**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 169 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. WILLIAM MATTOX</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 1058 N LA CADENA DR		<b>Transaction ID : INCA108882</b>	
City COLTON	State CA	Zip Code 92324	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JACK MCGINITY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 304 ACKLEY AVE		<b>Transaction ID : INCA108946</b>	
City MOUNT SHASTA	State CA	Zip Code 96967	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. PATRICIA OLIVER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 755 QUIETWATER		<b>Transaction ID : INCA108893</b>	
City SANTA ROSA	State CA	Zip Code 95404	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	200.00

**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 170 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. DENNIS PRATHER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 968 ROSEWOOD LN		<b>Transaction ID : INCA108907</b>	
City LEMOORE	State CA	Zip Code 93245	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 150.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 660.00		

Full Name (Last, First, Middle Initial) <b>MR. DANIEL QUINN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 26 EAGLE VISTA CT		<b>Transaction ID : INCA108948</b>	
City OROVILLE	State CA	Zip Code 95966	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>MR. DANIEL QUINN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2014	
Mailing Address 26 EAGLE VISTA CT		<b>Transaction ID : INCA108949</b>	
City OROVILLE	State CA	Zip Code 95966	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 171 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY SKINNER**

Mailing Address PO BOX 7007

City NORTHBRIDGE State CA Zip Code 91327

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

Name of Employer PRISM MANAGEMENT Occupation ACTUARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA108937**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN STRONG**

Mailing Address 1432 CRENSHAW BLVD

City LOS ANGELES State CA Zip Code 90019

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

Name of Employer LOS ANGELES COUNTY AUDITOR Occupation INTERMEDIATE CLERK

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2014

**Transaction ID : INCA108916**

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. PAUL BASS**

Mailing Address 1395 MAGNOLIA AVE

City UPLAND State CA Zip Code 91786

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108965**

Amount of Each Receipt this Period  
100.00

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

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

1130.00

**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 172 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM BISSON**

Mailing Address 1111 ROSE AVE

City PASADENA State CA Zip Code 91107

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108955**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETE CASSIDY**

Mailing Address 23736 COTTONWOOD CT

City VALENCIA State CA Zip Code 91354

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108975**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address PO BOX 1389

City RIDGECREST State CA Zip Code 93556

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **290.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108967**

Amount of Each Receipt this Period  
**40.00**

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

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

**115.00**

**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 173 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS BEVERLY DI VECCHIO**

Mailing Address 2825 PARKVIEW DR

City ALHAMBRA State CA Zip Code 91803

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108971**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 4513 LEVELSIDE AVE

City LAKEWOOD State CA Zip Code 90712

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **211.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108961**

Amount of Each Receipt this Period  
**53.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT GOURLAY**

Mailing Address 10400 SHIRLEY AVE

City NORTHRIDGE State CA Zip Code 91326

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108970**

Amount of Each Receipt this Period  
**50.00**

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

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

**138.00**

**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 174 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BERT HASSLER**

Mailing Address 128 ELKINS AVE

City State Zip Code  
ARCADIA CA 91006

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108987**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY KAYS**

Mailing Address 2231 N INDIAN HILL BLVD

City State Zip Code  
CLAREMONT CA 91711

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
710.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108983**

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. FRANKLIN LAWSON**

Mailing Address 728 24TH ST

City State Zip Code  
HERMOSA BEACH CA 90254

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : INCA108979**

Amount of Each Receipt this Period  
75.00

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

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

185.00

**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 175 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**YAICHIRO MINAMI**

Mailing Address 645 S COLLEGE DR

City State Zip Code  
SANTA MARIA CA 93454

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF - YAICHIRO MINAMI COMMERCIAL PROPERTY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108974**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR MUIR**

Mailing Address 116 N ROCHESTER ST

City State Zip Code  
SAN MATEO CA 94401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LUIDIA INC. PRODUCT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109006**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR MUIR JR.**

Mailing Address 1874 SUMMER CLOUD DR

City State Zip Code  
THOUSAND OAKS CA 91362

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108956**

Amount of Each Receipt this Period

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

**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 176 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS CARLA TRENT**

Mailing Address 324 CHESTNUT HILL CT APT 16

City THOUSAND OAKS	State CA	Zip Code 91360
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA108985**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT TRIBKEN**

Mailing Address 7833 VALLE VISTA DR

City SIERRA MADRE	State CA	Zip Code 91024
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer BESTFRESH FOODS INC.	Occupation MANAGER
--	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109016**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY AYALA**

Mailing Address 16109 SIRUS MINE LN

City SONORA	State CA	Zip Code 95370
----------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer DOCTORS MEDICAL CENTER, MODESTO	Occupation RN
---	------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109134**

Amount of Each Receipt this Period

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

**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 177 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MRS. LESLIE BASS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address 23532 VIA BREVE		<b>Transaction ID : INCA109097</b>
City MISSION VIEJO	State CA	Zip Code 92691
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>MRS. TERRY BENGARD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address PO BOX 80090		<b>Transaction ID : INCA109204</b>
City SALINAS	State CA	Zip Code 93912
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

Full Name (Last, First, Middle Initial) <b>REV. WAYNE BIGELOW</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address 1112 SEDONA ST		<b>Transaction ID : INCA109129</b>
City ROCKLIN	State CA	Zip Code 95765
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer ADVENTURE CHRISTIAN CHURCH	Occupation PASTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<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 178 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL BLATT**

Mailing Address 7970 S LAKE CIR

City	State	Zip Code
GRANITE BAY	CA	95746

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109835**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES BOPP**

Mailing Address 8013 MESA OAK WAY

City	State	Zip Code
CITRUS HEIGHTS	CA	95610

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

Name of Employer	Occupation
NONE	RETIRED ARMY OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109181**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN BROUILLARD**

Mailing Address 374 STILSON CANYON RD

City	State	Zip Code
CHICO	CA	95928

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109085**

Amount of Each Receipt this Period  
75.00

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

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

1475.00

**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 179 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BUELL**

Mailing Address 4790 CAUGHLIN PKWY # 518

City State Zip Code  
RENO NV 89519

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : INCA109084**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. HENRIETTA BUGAJ**

Mailing Address 1703 CRINELLA DR

City State Zip Code  
SAINT HELENA CA 94574

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : INCA109144**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH CAMPBELL**

Mailing Address 3636 MCCOURTNEY RD

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer Occupation  
KENNETH WADE CAMPBELL INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : INCA109834**

Amount of Each Receipt this Period  
200.00

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

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

1225.00

**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 180 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES & VICKI COX**

Mailing Address 6560 MARSHES FLAT RD

City State Zip Code  
COULTERVILLE CA 95311

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109108**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. OLEVA DORMAN**

Mailing Address 4571 PARK PAXTON PL

City State Zip Code  
SAN JOSE CA 95136

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109185**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES ENNIS**

Mailing Address 10332 BOGARDUS AVE

City State Zip Code  
WHITTIER CA 90603

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109099**

Amount of Each Receipt this Period

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

**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 181 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>JOYCE FERN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 668 MEADOW CANYON DR		<b>Transaction ID : INCA109188</b>
City PITTSBURG	State CA	Zip Code 94565
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MRS. DENA FREEMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address PO BOX 2002		<b>Transaction ID : INCA109154</b>
City DIAMOND SPRINGS	State CA	Zip Code 95619
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>MRS. ESTHER GREENE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 4100 FOLSOM BLVD UNIT 7D		<b>Transaction ID : INCA109140</b>
City SACRAMENTO	State CA	Zip Code 95819
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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 182 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. AUDREY HAINES**

Mailing Address 3470 KINGMONT DR

City State Zip Code  
LOOMIS CA 95650

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : INCA109173**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. KAREN KOELKER**

Mailing Address 7990 ARCHER AVE

City State Zip Code  
FAIR OAKS CA 95628

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : INCA109176**

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. EMMETT LYNCH**

Mailing Address 608 31ST ST

City State Zip Code  
RICHMOND CA 94804

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 18 / 2014

**Transaction ID : INCA109142**

Amount of Each Receipt this Period  
30.00

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

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

155.00

**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 183 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES MCCONNELL**

Mailing Address 1029 GILSTRAP AVE

City State Zip Code  
GRIDLEY CA 95948

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109163**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. DRUMMOND MCCUNN**

Mailing Address 6840 POCA MONTOYA DR

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF EMPLOYED LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109122**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA MIGNANO**

Mailing Address 12940 FIR DR

City State Zip Code  
SONORA CA 95370

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109093**

Amount of Each Receipt this Period

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

**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 184 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALFRED MONTNA**

Mailing Address 12755 GARDEN HIGHWAY

City State Zip Code  
YUBA CITY CA 95991

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

Name of Employer Occupation  
SELF EMPLOYED RICE FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109205**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD O'NEIL**

Mailing Address 1374 HARVEST RD

City State Zip Code  
PLEASANTON CA 94566

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109156**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CARL PIERCY**

Mailing Address 933 CAROL LN

City State Zip Code  
LAFAYETTE CA 94549

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109168**

Amount of Each Receipt this Period  
50.00

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

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

700.00



**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 185 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS FRANCES POHORSKY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 12861 CHATSWORTH LN		<b>Transaction ID : INCA109081</b>	
City GRASS VALLEY	State CA	Zip Code 95945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MR. MORTON RAPPAPORT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 3068 DONA SUSANA DR		<b>Transaction ID : INCA109178</b>	
City STUDIO CITY	State CA	Zip Code 91604	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. JOAN ROUSE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 1260 FRESCHI LN		<b>Transaction ID : INCA109114</b>	
City LINCOLN	State CA	Zip Code 95648	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 186 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES SARTURE**

Mailing Address 15970 VALLEY WOOD RD

City State Zip Code  
SHERMAN OAKS CA 91403

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109192**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARCIA SEEGER**

Mailing Address 3053 COLETTE DR

City State Zip Code  
RICHMOND CA 94806

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109160**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM STEAD**

Mailing Address PO BOX 547

City State Zip Code  
MT BALDY CA 91759

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109094**

Amount of Each Receipt this Period

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

**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 187 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SHAWN STEEL**

Mailing Address 27520 HAWTHORNE BLVD

City State Zip Code  
ROLLING HILLS ESTA CA 90274

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

Name of Employer Occupation  
SHAWN STEEL ATTY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109201**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. FRANCINE WELSTAND**

Mailing Address 2675 TAMALPAIS DR

City State Zip Code  
PINOLE CA 94564

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109141**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD ZECHEL**

Mailing Address 8679 LEMON AVE APT 10

City State Zip Code  
LA MESA CA 91941

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA109098**

Amount of Each Receipt this Period  
20.00

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

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

1120.00

**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 188 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM ALTMILLER**

Mailing Address 6609 MONT BLANC CT

City BAKERSFIELD State CA Zip Code 93306

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109346**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY ARMOUR**

Mailing Address 20320 SW BIRCH STREET STE 110

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer ARMOUR BUILDING CO. Occupation REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109380**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BECK**

Mailing Address 20810 CEDARFALLS DR

City SANTA CLARITA State CA Zip Code 91350

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109297**

Amount of Each Receipt this Period  
100.00

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

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

2725.00

**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 189 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCIS BRISCOE**

Mailing Address 6150 RUSTIC HILLS DR

City State Zip Code  
ROCKLIN CA 95677

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : INCA109239**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address PO BOX 530

City State Zip Code  
LAGUNITAS CA 94938

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : INCA109264**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD CALKINS**

Mailing Address 2244 WESTCHESTER DR

City State Zip Code  
SAN JOSE CA 95124

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

Name of Employer Occupation  
CALKINS ENGINEERING ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : INCA109273**

Amount of Each Receipt this Period  
50.00

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

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

175.00

**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 190 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. PERRY CLOSE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 50 BEACHMONT DR		<b>Transaction ID : INCA109366</b>
City SAN FRANCISCO	State CA	Zip Code 94132
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	

Full Name (Last, First, Middle Initial) <b>MR. HAROLD COFFEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 25 AMBER DR		<b>Transaction ID : INCA109220</b>
City SAN FRANCISCO	State CA	Zip Code 94131
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700.00	

Full Name (Last, First, Middle Initial) <b>MR. EUGENE CRAMER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 2176 VIA TECA		<b>Transaction ID : INCA109223</b>
City SAN CLEMENTE	State CA	Zip Code 92673
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<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 191 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. DONALD CREVIER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 365-B CLINTON ST		<b>Transaction ID : INCA109378</b>	
City COSTA MESA	State CA	Zip Code 92626	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer CREVIER CLASSIC CARS	Occupation AUTO SALES		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. MR. NORMAN DAVIDSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 139 N WESTGATE AVE		<b>Transaction ID : INCA109211</b>	
City LOS ANGELES	State CA	Zip Code 90049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JOSEPH DOX</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 14603 EL PUENTE WAY		<b>Transaction ID : INCA109379</b>	
City SARATOGA	State CA	Zip Code 95070	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 192 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. JUANITA EYHERABIDE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014
Mailing Address 5284 KENT DR		<b>Transaction ID : INCA109329</b>
City BAKERSFIELD	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF - JUANITA EYHERABIDE	Occupation RANCHER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>B. MR. ARTHUR GERINGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014
Mailing Address 5029 JACOBS CT		<b>Transaction ID : INCA109228</b>
City OAK PARK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SECURITY DOOR CONTROLS	Occupation MFG SECURITY HDWE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>C. MR. KENNETH HARTMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014
Mailing Address 525 E MAGNOLIA BLVD APT C		<b>Transaction ID : INCA109214</b>
City BURBANK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 193 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM HASSOLDT**

Mailing Address 10 PINE TREE LN

City State Zip Code  
ROLLING HILLS CA 90274

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109287**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES HAWKINS**

Mailing Address 3551 GRAND AVE

City State Zip Code  
SAN MARCOS CA 92078

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

Name of Employer Occupation  
EDISON INTERNATIONAL NUCLEAR COMPUTER TECH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
520.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109277**

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. EILEEN HINKSON**

Mailing Address 100 THORNDALE DR APT 262

City State Zip Code  
SAN RAFAEL CA 94903

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109224**

Amount of Each Receipt this Period  
100.00

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

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

360.00

**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 194 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. CONSTANCE HOH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014	
Mailing Address 1580 EDMOND DR		<b>Transaction ID : INCA109246</b>	
City SAN CARLOS	State CA	Zip Code 94070	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 330.00		

Full Name (Last, First, Middle Initial) <b>B. JAYNE &amp; DENNIS HORN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014	
Mailing Address 5211 MOUNT ARIANE TER		<b>Transaction ID : INCA109372</b>	
City SAN DIEGO	State CA	Zip Code 92111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 485.00		

Full Name (Last, First, Middle Initial) <b>C. LINDA &amp; R. S. KEEFER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 19 / 2014	
Mailing Address 900 SEQUOIA AVE		<b>Transaction ID : INCA109243</b>	
City MILLBRAE	State CA	Zip Code 94030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer DEL MONTE FOODS	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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 195 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES KIRK**

Mailing Address 6132 RAINBOW HEIGHTS RD

City FALLBROOK State CA Zip Code 92028

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109253**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MIYO KUNITAKE**

Mailing Address 3541 GRIFFITH PARK BLVD

City LOS ANGELES State CA Zip Code 90027

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109269**

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD LAU**

Mailing Address 3344 REDWING PL

City FREMONT State CA Zip Code 94555

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109291**

Amount of Each Receipt this Period  
100.00

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

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

635.00

**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 196 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT LEVIN**

Mailing Address 724 E GRINELL DR

City State Zip Code  
BURBANK CA 91501

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CA STATE DEPT OF JUSTICE LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109373**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**SHERRILL MARTINEZ**

Mailing Address 981 S CLOVER AVE

City State Zip Code  
SAN JOSE CA 95128

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109340**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CATHERINE MATT**

Mailing Address 1801 PORT ASHLEY PL

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109242**

Amount of Each Receipt this Period

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

**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 197 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KENDALL MILLER**

Mailing Address 7350 WAKEFIELD AVE

City State Zip Code  
REEDLEY CA 93654

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

Name of Employer Occupation  
KENCAROL, INC. FARM MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109217**

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS NOON**

Mailing Address 18 SPRINGBROOK RD

City State Zip Code  
LAGUNA NIGUEL CA 92677

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

Name of Employer Occupation  
DNA DATA SYSTEMS CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109331**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. J. PURKEY**

Mailing Address 140 MAGNOLIA AVE

City State Zip Code  
LARKSPUR CA 94939

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109218**

Amount of Each Receipt this Period  
25.00

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

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

825.00

**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 198 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES REBOLLINI</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 629 BARCELONA DR		<b>Transaction ID : INCA109225</b>	
City SONOMA	State CA	Zip Code 95476	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. JOANN RICE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 6156 CAMP FAR WEST RD		<b>Transaction ID : INCA109258</b>	
City SHERIDAN	State CA	Zip Code 95681	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer REQUESTED	Occupation REQUESTED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205.00		

Full Name (Last, First, Middle Initial) <b>C. MR. HANS ROEBBELEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2014	
Mailing Address 2611 SEEBLICK CT		<b>Transaction ID : INCA109376</b>	
City EL DORADO HILLS	State CA	Zip Code 95762	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 199 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. PEARL ROENNAU**

Mailing Address 813 9TH ST APT 1

City State Zip Code  
SANTA MONICA CA 90403

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : INCA109267**

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RAYMOND ROWE**

Mailing Address 49 E E ST

City State Zip Code  
ENCINITAS CA 92024

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : INCA109266**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD SANDERS**

Mailing Address 357 CALDARELLA CIR

City State Zip Code  
ROSEVILLE CA 95678

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 19 / 2014

**Transaction ID : INCA109328**

Amount of Each Receipt this Period  
25.00

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

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

155.00

**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 200 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LT. COL G. RAY SCHOCH RET**

Mailing Address 118 GLENWOOD CT

City VACAVILLE State CA Zip Code 95688

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109216**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**DR. MICHAEL STEPPE**

Mailing Address 350 N LORAIN AVE

City GLENDORA State CA Zip Code 91741

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

Name of Employer CHINO HILLS EQUINE HOSPITAL Occupation VETERINARIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109286**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK TRAYNOR**

Mailing Address 2040 ESTATE VIEW WAY

City SAN JOSE State CA Zip Code 95148

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

Name of Employer IXYS CORP. Occupation CONTROLLER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **260.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109383**

Amount of Each Receipt this Period  
**50.00**

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

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

**300.00**



**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 201 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MALCOLM TUCKER**

Mailing Address 6640 CARMELWOOD DR

City State Zip Code  
CITRUS HEIGHTS CA 95621

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

Name of Employer Occupation  
SELF & ASSOC. CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**305.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : INCA109339**

Amount of Each Receipt this Period  
**120.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. WALTER VAN SAUN JR.**

Mailing Address 17303 MAPES AVE

City State Zip Code  
CERRITOS CA 90703

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : INCA109363**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 67 MARYMONT AVE

City State Zip Code  
ATHERTON CA 94027

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

Name of Employer Occupation  
GOOGLE INC. SENIOR MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : INCA109382**

Amount of Each Receipt this Period  
**500.00**

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

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

**645.00**

**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 202 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**W. PIERCE BROWNELL, C.P.A.**

Mailing Address 1610 TIBURON BLVD STE 201

City TIBURON State CA Zip Code 94920

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109349**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WELDON**

Mailing Address 3705 VIA VALMONTE

City PALOS VERDES ESTAT State CA Zip Code 90274

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

Name of Employer Occupation  
JOHN W. WELDON CPA CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109298**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. EARL WHETSTONE**

Mailing Address 9624 CROSBY DR

City PLEASANTON State CA Zip Code 94588

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
558.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA109315**

Amount of Each Receipt this Period  
170.00

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

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

520.00

**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 203 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY WRIGHT**

Mailing Address **PO BOX 750669**

City **PETALUMA** State **CA** Zip Code **94975**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : INCA109247**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. HAROLD ZECHEL**

Mailing Address **8679 LEMON AVE APT 10**

City **LA MESA** State **CA** Zip Code **91941**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 19 / 2014**

**Transaction ID : INCA109334**

Amount of Each Receipt this Period  
**30.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES CLUPPER**

Mailing Address **12545 OAK GLEN DR**

City **RENO** State **NV** Zip Code **89511**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 20 / 2014**

**Transaction ID : INCA109390**

Amount of Each Receipt this Period  
**50.00**

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

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

**130.00**

**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 204 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS CRAIG**

Mailing Address 1745 GLENBROOK LN

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2014

**Transaction ID : INCA109389**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 3937 CHABOYA RD

City State Zip Code  
SAN JOSE CA 95148

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

Name of Employer Occupation  
NONE RETIRED WIDOW OF ARTHUR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109525**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 20320 SW BIRCH ST STE 110

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109598**

Amount of Each Receipt this Period  
2600.00

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

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

3100.00

**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 205 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SCOTT BANISTER**

Mailing Address PO BOX 997

City HALF MOON BAY State CA Zip Code 94019

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

Name of Employer SELF EMPLOYED Occupation STARTUP CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109599**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID BENEDICT**

Mailing Address 2860 COUNTRY DR APT 218

City FREMONT State CA Zip Code 94536

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109441**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID BIGLER**

Mailing Address 417 HELLER CT

City ROSEVILLE State CA Zip Code 95747

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109556**

Amount of Each Receipt this Period  
150.00

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

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

225.00

**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 206 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WENDY BORCHERDT**

Mailing Address 400 S BENTLEY AVE

City LOS ANGELES State CA Zip Code 90049

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109579**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHIRLEY BROOKS**

Mailing Address 683 ANDERSON AVE

City BRENTWOOD State CA Zip Code 94513

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109941**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL BUTALA**

Mailing Address 11805 LAMBERT AVE

City EL MONTE State CA Zip Code 91732

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109408**

Amount of Each Receipt this Period  
30.00

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

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

280.00

**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 207 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BEN CAGLE**

Mailing Address 10992 CANYON HILL LN

City SAN DIEGO State CA Zip Code 92126

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109566**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD CHRISTIE**

Mailing Address 26 CORRAL RD

City BELL CANYON State CA Zip Code 91307

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
410.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109516**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. SALVATORE DE MASI**

Mailing Address 708-325 PINE ST

City JANESVILLE State CA Zip Code 96114

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109521**

Amount of Each Receipt this Period  
50.00

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

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

140.00

**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 208 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. R/ JAMES DOWNEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 26000 NEWBRIDGE DR		<b>Transaction ID : INCA109429</b>	
City LOS ALTOS HILLS	State CA	Zip Code 94022	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALTOS SONOMA CORP.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00		

Full Name (Last, First, Middle Initial) <b>B. MR. HECTOR ESTEVANE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 1102 LA SOMBRA DR		<b>Transaction ID : INCA109485</b>	
City SAN MARCOS	State CA	Zip Code 92078	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. DARLENE EVANS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 19910 BURIN AVE		<b>Transaction ID : INCA109532</b>	
City TORRANCE	State CA	Zip Code 90503	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 265.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<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 209 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. KARL FAIRCHILD</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 9207 GEYSER AVE		<b>Transaction ID : INCA109466</b>	
City NORTHBRIDGE	State CA	Zip Code 91324	Amount of Each Receipt this Period _____ 35.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NORTHRUP GRUMMAN	Occupation AIRCRAFT MECHANIC		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 210.00		

Full Name (Last, First, Middle Initial) <b>B. MR. EDDIE &amp; NANCY GARCIA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 15137 WOLF RD		<b>Transaction ID : INCA109575</b>	
City GRASS VALLEY	State CA	Zip Code 95949	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

Full Name (Last, First, Middle Initial) <b>C. MR. DARRELL GOURLEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 389 SAN BENITO WAY		<b>Transaction ID : INCA109490</b>	
City SAN FRANCISCO	State CA	Zip Code 94127	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		C	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 485.00
<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 210 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. VIRGINIA GOW</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 10944 LOCH LOMOND DR		<b>Transaction ID : INCA109403</b>	
City WHITTIER State CA Zip Code 90606	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer NONE Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

Full Name (Last, First, Middle Initial) <b>B. MR. RUSSELL HANLIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 119 E UNION ST STE C		<b>Transaction ID : INCA109427</b>	
City PASADENA State CA Zip Code 91103	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C	Name of Employer NONE Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

Full Name (Last, First, Middle Initial) <b>C. MR. EDWARD HARMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 6128 FRECKLES RD		<b>Transaction ID : INCA109565</b>	
City LAKEWOOD State CA Zip Code 90713	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C	Name of Employer BOEING Occupation MFG ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 500.00
<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 211 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. JOHN HIATT</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address PO BOX 3101		<b>Transaction ID : INCA109458</b>
City SANTA ROSA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MRS. DOLORES HICKS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2005 LAUREL AVE		<b>Transaction ID : INCA109543</b>
City MANHATTAN BEACH	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

Full Name (Last, First, Middle Initial) <b>DENNIS AND LEXY HOMEN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 5910 RODEO PL		<b>Transaction ID : INCA109504</b>
City ROCKLIN	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<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 212 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS CAROLYN HOOPER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 13118 WINDBREAK RD		<b>Transaction ID : INCA109481</b>	
City SAN DIEGO	State CA	Zip Code 92130	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer SELF EMPLOYED	Occupation INTERIOR DESIGNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Mr. JOHN HURABIELL Sr.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 259 14TH AVE		<b>Transaction ID : INCA109448</b>	
City SAN FRANCISCO	State CA	Zip Code 94118	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer J.P. HURABIELL, APC	Occupation LAWYER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. DOLORES JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 5803 SEASHORE DR		<b>Transaction ID : INCA109473</b>	
City NEWPORT BEACH	State CA	Zip Code 92663	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation HOUSEWIFE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 500.00
<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 213 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ESTHER LEHMER**

Mailing Address 1554 W CRIS AVE

City ANAHEIM State CA Zip Code 92802

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109482**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT LOCKSHIRE**

Mailing Address 1635 E OCEAN BLVD UNIT 3A

City LONG BEACH State CA Zip Code 90802

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109420**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM LOTT**

Mailing Address 5090 DRAGONFLY LN

City ROSEVILLE State CA Zip Code 95747

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109573**

Amount of Each Receipt this Period  
**40.00**

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

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

**165.00**

**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 214 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT MACISAAC**

Mailing Address 1410 W COLORADO BLVD

City PASADENA State CA Zip Code 91105

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

Name of Employer ROBERT V MACISAAC INC., DBA C & R REAL Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109533**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MARIE MARTINELLI-HOOPER**

Mailing Address 10801 NATIONAL BLVD STE 603

City LOS ANGELES State CA Zip Code 90064

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

Name of Employer YOUTH INSURANCE AGENCY, INC. Occupation BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109601**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS MARYANN MCGILL**

Mailing Address 710 OAK ST

City LAGUNA BEACH State CA Zip Code 92651

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109402**

Amount of Each Receipt this Period  
**50.00**

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

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

**600.00**

**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 215 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR MICHELETTI**

Mailing Address 25380 BECKY LN

City State Zip Code  
LOS ALTOS HILLS CA 94022

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
575.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109585**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA MILHAM**

Mailing Address 5857 FAIRHAVEN AVE

City State Zip Code  
WOODLAND HILLS CA 91367

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109411**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH MILLER**

Mailing Address 1959 AVENIDA FELICIANO

City State Zip Code  
RANCHO PALOS VERDE CA 90275

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109395**

Amount of Each Receipt this Period  
50.00

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

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

125.00

**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 216 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MOUNTAIN PRESS**

Mailing Address **PO BOX 97**

City **PRATHER** State **CA** Zip Code **93651**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : INCA109508**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD NIELSEN**

Mailing Address **1731 E ROSEVILLE PKWY STE 250**

City **ROSEVILLE** State **CA** Zip Code **95661**

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

Name of Employer Occupation  
**SELF EMPLOYED ARCHITECT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : INCA109552**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. PETER PERL**

Mailing Address **32508 SEAWOLF DR**

City **RANCHO PALOS VERDE** State **CA** Zip Code **90275**

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

Name of Employer Occupation  
**1SDT PMF BANCORP BANKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : INCA109593**

Amount of Each Receipt this Period  
**100.00**

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

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

**600.00**



**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 217 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS PETERSEN**

Mailing Address 1457 ALAMO PINTADO RD

City SOLVANG State CA Zip Code 93463

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109478**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALEXANDER POWER**

Mailing Address PO BOX 1160

City SOLVANG State CA Zip Code 93464

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109409**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. NORM PRESSLEY**

Mailing Address 8464 MIRAMAR RD

City SAN DIEGO State CA Zip Code 92126

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

Name of Employer PRESSLEY FARMING Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109396**

Amount of Each Receipt this Period  
200.00

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

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

400.00

**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 218 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CLAIRE RAINS**

Mailing Address 420 41ST AVE

City SAN FRANCISCO State CA Zip Code 94121

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109512**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WARREN RILEY**

Mailing Address 6991 PENNINGTON RD

City LIVE OAK State CA Zip Code 95953

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

Name of Employer SELF-WARREN RILEY Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109946**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN RODGERS**

Mailing Address 5440 WASHINGTON ST

City NAPA State CA Zip Code 94558

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

Name of Employer NONE Occupation RETIRED MARINE ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109526**

Amount of Each Receipt this Period  
200.00

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

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

500.00

**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 219 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN ROSS**

Mailing Address 340 W CLARK ST

City UPLAND State CA Zip Code 91784

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

Name of Employer ROLYN OPTICS COMPANY Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109494**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**. SANTA YNEZ BAND OF MISSION IND**

Mailing Address PO BOX 517

City SANTA YNEZ State CA Zip Code 93460

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

Name of Employer SANTA YNEZ BAND OF MISSION INDIANS Occupation INDIAN TRIBE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109939**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. VICTORIA SERRA**

Mailing Address 28101 ESPINOZA

City MISSION VIEJO State CA Zip Code 92692

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109471**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2750.00

**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 220 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ABE SIEMENS**

Mailing Address 47 PRINCETON DR

City State Zip Code  
RANCHO MIRAGE CA 92270

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109527**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE STAUFFER**

Mailing Address 2201 N VICTORIA DR

City State Zip Code  
SANTA ANA CA 92706

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109487**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**. THE CHICKASAW NATION**

Mailing Address 2020 LONNIE ABBOTT BLVD

City State Zip Code  
ADA OK 74820

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
THE CHICKASAW NATION INDIAN TRIBE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109954**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 221 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HERMAN THOMS JR.**

Mailing Address 2403 LINCOLN AVE

City Belmont State CA Zip Code 94002

FEC ID number of contributing federal political committee. **C**

Name of Employer **STUDEBAKERS WEST** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : INCA109472**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD TREADGOLD**

Mailing Address 1025 ANZA ST

City SAN FRANCISCO State CA Zip Code 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **333.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : INCA109577**

Amount of Each Receipt this Period  
**53.00**

**C.** Full Name (Last, First, Middle Initial)  
**JOHN VAILLANCOURT M.D.**

Mailing Address 443 CRESTMONT DR

City SAN FRANCISCO State CA Zip Code 94131

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 22 / 2014**

**Transaction ID : INCA109468**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**228.00**

**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 222 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GILLES VAN NEDERVEEN**

Mailing Address PO BOX 610

City LINCORN State CA Zip Code 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **337.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109529**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**DALIA VENCKUS**

Mailing Address 603 14TH ST

City SANTA MONICA State CA Zip Code 90402

FEC ID number of contributing federal political committee. **C**

Name of Employer UNEMPLOYED Occupation OFFICE WORKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109433**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILBUR WAGNER**

Mailing Address 41128 DE LUZ RD

City FALLBROOK State CA Zip Code 92028

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109582**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

125.00

**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 223 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WILMA WALSH</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 5161 DONNA AVE		<b>Transaction ID : INCA109534</b>	
City TARZANA	State CA	Zip Code 91356	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 215.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. PATRICIA WARREN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 6373 W 78TH ST		<b>Transaction ID : INCA109414</b>	
City LOS ANGELES	State CA	Zip Code 90045	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4500.00		

Full Name (Last, First, Middle Initial) <b>C. FRANCIS WATSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014	
Mailing Address 195 DIAMOND OAKS RD		<b>Transaction ID : INCA109949</b>	
City ROSEVILLE	State CA	Zip Code 95678	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1225.00
<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 224 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN WHITE**

Mailing Address 1801 LEXINGTON DR

City State Zip Code  
FULLERTON CA 92835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF - STEPHEN G. WHITE REAL ESTATE APPRAISER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109423**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. PAUL WICK**

Mailing Address 330 GOLDEN HILLS DR

City State Zip Code  
PORTOLA VALLEY CA 94028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J & W SELIGMAN & CO. MUTUAL FUND MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109444**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. GLEN BLOMGREN**

Mailing Address 4178 W KELLY AVE

City State Zip Code  
FRESNO CA 93722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109623**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1200.00



**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 225 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William Brandt**

Mailing Address **PO Box 118**

City **Brawley** State **CA** Zip Code **92227**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **RANCHER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : INCA109666**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**MS. CELIA BROWN**

Mailing Address **PO BOX 530**

City **LAGUNITAS** State **CA** Zip Code **94938**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : INCA109697**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT BROWN**

Mailing Address **2164 HIGHGATE RD**

City **WESTLAKE VILLAGE** State **CA** Zip Code **91361**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE COMDYN GROUP** Occupation **I.T. SERVICES**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : INCA109677**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**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 226 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CRAIG CAMPBELL**

Mailing Address 3355 MISSION AVE

City OCEANSIDE State CA Zip Code 92058

FEC ID number of contributing federal political committee. **C**

Name of Employer TMI Occupation REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109621**

Amount of Each Receipt this Period  
**225.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. BERNADINE CLESI**

Mailing Address 14280 HOLDEN CT

City SAN JOSE State CA Zip Code 95124

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109612**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PATRICIA CRANSTON**

Mailing Address 23460 CAMINO HERMOSO DR

City LOS ALTOS HILLS State CA Zip Code 94024

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109636**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**475.00**

**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 227 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE EDELMAN**

Mailing Address 130 SAN ALESO AVE

City SAN FRANCISCO State CA Zip Code 94127

FEC ID number of contributing federal political committee. **C**

Name of Employer LAWRENCE BERKELEY NATIONAL LAB Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109682**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KAY FINLAY**

Mailing Address 10 LA CERRA CIR

City RANCHO MIRAGE State CA Zip Code 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
975.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109667**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES FISHER**

Mailing Address 3040 JAVA RD

City COSTA MESA State CA Zip Code 92626

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109652**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**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 228 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RALPH HARDER M.D.**

Mailing Address PO BOX 1584

City JACKSON State CA Zip Code 95642

FEC ID number of contributing federal political committee. **C**

Name of Employer RALPH H HARDER, M.D. Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109679**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN JACKSON**

Mailing Address 7014 SHAY CT

City HIGHLAND State CA Zip Code 92346

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation STAY AT HOME DAD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109668**

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**LT. COL. ARVO KANNISTO**

Mailing Address 5915 LA CUESTA DR

City SANTA ROSA State CA Zip Code 95409

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109634**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

135.00

**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 229 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD KIENLEN**

Mailing Address **PO BOX 1575**

City **GRAEAGLE** State **CA** Zip Code **96103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : INCA109658**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MARY LOGASA**

Mailing Address **957 FAIRWAY DR**

City **SONOMA** State **CA** Zip Code **95476**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **475.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : INCA109626**

Amount of Each Receipt this Period  
**125.00**

**C.** Full Name (Last, First, Middle Initial)  
**CAROL MANNING**

Mailing Address **24141 OLEANDER WAY**

City **LAGUNA NIGUEL** State **CA** Zip Code **92677**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TECHNICAL MAINTENANCE SUPPORT, INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 23 / 2014**

**Transaction ID : INCA109683**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**425.00**

**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 230 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EUGENE NAUMANN**

Mailing Address 5007 KENNETH AVE

City State Zip Code  
FAIR OAKS CA 95628

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
360.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109622**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS NEIL**

Mailing Address 5489 OLINDA RD

City State Zip Code  
EL SOBRANTE CA 94803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109616**

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MIRIAM NESTLER**

Mailing Address 6701 SW SCATHELOCK RD

City State Zip Code  
TOPEKA KS 66614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109681**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

190.00

**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 231 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES OLIVER**

Mailing Address 375 BULLARD AVE STE 1

City State Zip Code  
CLOVIS CA 93612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE FARM INSURANCE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109641**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONN OLSON**

Mailing Address 2730 KALMAN ST

City State Zip Code  
ACTON CA 93510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANTHONY INT. TOOL MAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109633**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MS MAUREEN O'NEILL**

Mailing Address 1810 ALDEN ST

City State Zip Code  
BELMONT CA 94002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109619**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00

**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 232 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. BRIAN OUZOUNIAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 1222 E BALBOA BLVD		<b>Transaction ID : INCA109698</b>	
City NEWPORT BEACH	State CA	Zip Code 92661	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer OUZOUNIAN CONSTRUCTORS, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. JUNE SCHISLER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 500 N GRAPE ST APT 303		<b>Transaction ID : INCA109661</b>	
City ESCONDIDO	State CA	Zip Code 92025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00		

Full Name (Last, First, Middle Initial) <b>C. MS. LIZ SCHROETER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address 1722 LAPORTE DR		<b>Transaction ID : INCA109695</b>	
City ROSEVILLE	State CA	Zip Code 95747	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]



**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 233 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. TRUDY SCULLY**

Mailing Address 83 STARES LN

City State Zip Code  
SEQUIM WA 98382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

**Transaction ID : INCA109690**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROY SIDOR**

Mailing Address 1149 KINGSTON DR

City State Zip Code  
SANTA MARIA CA 93458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

**Transaction ID : INCA109624**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. LARRY STIRLING**

Mailing Address 2261 SAN JUAN RD

City State Zip Code  
SAN DIEGO CA 92103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2014

**Transaction ID : INCA109688**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

370.00

**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 234 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DARWIN THRONE**

Mailing Address 4131 HENSLEY CIR

City State Zip Code  
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110196**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD UTECHT**

Mailing Address 13411 BASS TRAIL

City State Zip Code  
GRASS VALLEY CA 95945

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109694**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN VAN HOOSEAR**

Mailing Address 1184 VIA SANTA PAULO

City State Zip Code  
VISTA CA 92081

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109642**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 235 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD VANCE**

Mailing Address 1026 PARTRICK RD

City NAPA State CA Zip Code 94558

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109656**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. BYRON WEISZ**

Mailing Address 9754 LUBEL LN

City ACAMPO State CA Zip Code 95220

FEC ID number of contributing federal political committee. **C**

Name of Employer CEN-CAL FIRE Occupation PRESIDENT/CO-OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2014

**Transaction ID : INCA109686**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. SAMUEL AUTREY**

Mailing Address 725 PASEO PL

City FULLERTON State CA Zip Code 92835

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109709**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2800.00**

**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 236 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EARLE & MARY BUNKER**

Mailing Address 132 S EL MOLINO ST

City State Zip Code  
ALHAMBRA CA 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109739**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE HIGLEY**

Mailing Address 880 CAMPUS COMMONS RD

City State Zip Code  
SACRAMENTO CA 95825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109748**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM AND BARBARA LAMB**

Mailing Address 7403 SLY PARK RD

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109732**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

400.00

**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 237 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HERBERT LINDNER**

Mailing Address 4456 STOLLWOOD DR

City State Zip Code  
CARMICHAEL CA 95608

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109749**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE LOWREY**

Mailing Address 7705 SIERRA DR

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109726**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARILYN NIELSON**

Mailing Address 7 SILVERLEAF DR

City State Zip Code  
ROLLING HILLS ESTA CA 90274

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109740**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 238 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH PAYNE**

Mailing Address 8854 TAPADERAS LOOP

City ROSEVILLE State CA Zip Code 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer STATE OF CALIFORNIA Occupation PROJECT MANAGER TOXICS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109720**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL PROCTOR**

Mailing Address 5401 VERNER DR

City LA PALMA State CA Zip Code 90623

FEC ID number of contributing federal political committee. **C**

Name of Employer TRI WEST LTD. Occupation GENERAL MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109744**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**FRANCIS SCHUBERT**

Mailing Address 210 RUA ESPERANZA

City LINCOLN State CA Zip Code 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer MISSION PUBLIC AFFAIRS, LLC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109745**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

900.00

**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 239 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RALPH SCRIBA**

Mailing Address 2055 VIA VISALIA

City PALOS VERDES ESTAT State CA Zip Code 90274

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109708**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JOAN SMITH**

Mailing Address 567 N CAMINO REAL

City PALM SPRINGS State CA Zip Code 92262

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109716**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY STEWART**

Mailing Address 2351 SUNSET BLVD STE 170

City ROCKLIN State CA Zip Code 95765

FEC ID number of contributing federal political committee. **C**

Name of Employer INTEL CORP. Occupation COMPUTER ANALYST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA109721**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

650.00

**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 240 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HENRY WALTHER M.D.**

Mailing Address 6845 RANCHO LOS PAVOS LN

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CASE MEDICAL GROUP PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA110195**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**CAPT. ERNEST BIZZOZERO**

Mailing Address 25350 PINE HILLS DR

City State Zip Code  
CARMEL CA 93923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109793**

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. BLAINE BRIGGS**

Mailing Address 1969 LANCEWOOD LN

City State Zip Code  
CARLSBAD CA 92009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MANAGEMENT SERVICE, INC. INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109819**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

435.00



**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 241 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BURSON**

Mailing Address 18195 WATTS VALLEY RD

City SANGER State CA Zip Code 93657

FEC ID number of contributing federal political committee. **C**

Name of Employer CHEERY AVENUE AUCTION Occupation FACILITY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109782**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELAINE CARRINGTON**

Mailing Address 2800 BRENNANS RD

City NEWCASTLE State CA Zip Code 95658

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109799**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES CRITTENDEN**

Mailing Address 1702 VIA REDONDO

City SAN LORENZO State CA Zip Code 94580

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109776**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

225.00

**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 242 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY DESY**

Mailing Address 5324 DOTY LN

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE DISABLED VETERAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109813**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. GRANT DUNCAN**

Mailing Address 1822 BEVERLY GLEN DR

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109816**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA FERRERRA**

Mailing Address 367 FAIRFIELD DR

City State Zip Code  
SAN CARLOS CA 94070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109770**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**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 243 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL FIELD M.D.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 4808 LAIRD RD		<b>Transaction ID : INCA109812</b>
City LOOMIS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer NONE	Occupation RETIRED PHYSICIAN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. JEAN GILCREST</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 26026 ADAMOR RD		<b>Transaction ID : INCA109769</b>
City CALABASAS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	

Full Name (Last, First, Middle Initial) <b>C. MR. R. STANLEY GOLDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 17 THORNDAL PL		<b>Transaction ID : INCA109800</b>
City MORAGA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer SELF EMPLOYED	Occupation ACCOUNTANT	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 244 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CYNTHIA IBRAHIM**

Mailing Address 18175 FAIRFIELD DR

City MADERA State CA Zip Code 93638

FEC ID number of contributing federal political committee. **C**

Name of Employer LA VINA RANCH Occupation SAFETY COORDINATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109833**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID KEYSTON**

Mailing Address PO BOX 7066

City CARMEL State CA Zip Code 93921

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109774**

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
**DIANA LORBER**

Mailing Address 4515 WOODLEY AVE

City ENCINO State CA Zip Code 91436

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109797**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

725.00

**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 245 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. KATHARINE MCCONNELL**

Mailing Address 5346 WILD HORSE VALLEY RD

City NAPA State CA Zip Code 94558

FEC ID number of contributing federal political committee. **C**

Name of Employer BECKSTOFFER VINEYARDS Occupation ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109787**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. LESTER MCNALL**

Mailing Address 311 E COUNTRY HILLS DR

City LA HABRA State CA Zip Code 90631

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED CHEMIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109823**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JACQUELINE NEVITT**

Mailing Address 6745 COLTON BLVD

City OAKLAND State CA Zip Code 94611

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109753**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**350.00**

**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 246 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY ROBERTS**

Mailing Address 201 GAMBIER ST

City State Zip Code  
SAN FRANCISCO CA 94134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
JE-AL-RO INC. MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109790**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**JO ANN ROTH**

Mailing Address 24712 CALVERT ST

City State Zip Code  
WOODLAND HILLS CA 91367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
255.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109830**

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DIANNE SCHACK**

Mailing Address 19 REATA PL

City State Zip Code  
OAKLAND CA 94618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109804**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

285.00

**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 247 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILMA SINCLAIR**

Mailing Address 764 SUTRO AVE

City NOVATO State CA Zip Code 94947

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109832**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH WILSON**

Mailing Address 33201 E CARMEL VALLEY RD

City CARMEL VALLEY State CA Zip Code 93924

FEC ID number of contributing federal political committee. **C**

Name of Employer RANCHO CHUPINOS Occupation RANCHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109802**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. M. GLORIA ZARAVIA**

Mailing Address 1425 2ND AVE SPC 132

City CHULA VISTA State CA Zip Code 91911

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA109785**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**235.00**

**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 248 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HELEN BACIGALUPI**

Mailing Address 4151 WESTSIDE RD

City State Zip Code  
HEALDSBURG CA 95448

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BACIGALUPI VINEYARDS WINE GRAPE GROWER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109867**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD BREESE**

Mailing Address 5262 TUFTON ST

City State Zip Code  
WESTMINSTER CA 92683

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109860**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN CHIHOREK**

Mailing Address 24881 ALICIA PKWY #E241

City State Zip Code  
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109893**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 249 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFF CONNIFF**

Mailing Address 3989 VISTAMONT DR

City State Zip Code  
SAN JOSE CA 95118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
YAHOO SOFTWARE DESIGN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109882**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KRISTI CROWLEY**

Mailing Address 1505 BLACK BEAR ST

City State Zip Code  
ROSEVILLE CA 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EXECUTIVE MGMT SOLUTIONS, INC. ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA110197**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. ANNE HILL**

Mailing Address 2231 BOBCAT TRL

City State Zip Code  
MOUNT SHASTA CA 96067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109854**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**350.00**

**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 250 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICK HOWARD**

Mailing Address 1048 ENCINO ROW

City State Zip Code  
CORONADO CA 92118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109862**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT LESSLEY**

Mailing Address 910 CAPITOLA AVE APT 10

City State Zip Code  
CAPITOLA CA 95010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109851**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**CAMERON LINN**

Mailing Address 3140 MILNER RD

City State Zip Code  
ANTIOCH CA 94509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109841**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

450.00

**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 251 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN PENROD**

Mailing Address PO BOX 1121

City LANCASTER State CA Zip Code 93584

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCKHEED MARTIN Occupation AIRCRAFT MODIFICATION MECHANIC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109849**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. LOU ROSSI**

Mailing Address 2255 SALISBURY WAY

City SAN MATEO State CA Zip Code 94403

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUESTED Occupation REQUESTED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109883**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JERALD SMITH**

Mailing Address 3418 HEPBURN CIR

City STOCKTON State CA Zip Code 95209

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
563.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA109850**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

300.00

**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 252 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. TY SONNTAG**

Mailing Address 215 OAK WOOD WAY

City State Zip Code  
LOS GATOS CA 95032

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
LE T INC. CONSTRUCTION SUPERVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109871**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**JOHN TAKACS**

Mailing Address 366 ROYCROFT AVE

City State Zip Code  
LONG BEACH CA 90814

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BOEING ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109840**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**DONALD WEISENFLUH**

Mailing Address 903 KENSINGTON PL

City State Zip Code  
PETALUMA CA 94954

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109875**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 253 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MONA APARICIO**

Mailing Address 445 HERRINGTON CT

City State Zip Code  
SUTTER CREEK CA 95685

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2014

**Transaction ID : INCA109921**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ELIZABETH APPELL**

Mailing Address 527 WOODLAND RD

City State Zip Code  
KENTFIELD CA 94904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2014

**Transaction ID : INCA109920**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID DEGLI'INNOCENTI**

Mailing Address 7182 CEDAR OAKS DR

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DEFENSE CONTRACT MGMT AGENCY DEPUTY DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2014

**Transaction ID : INCA109908**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

**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 254 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRENDAN EICH**

Mailing Address 2871 PRUNERIDGE AVE

City State Zip Code  
SANTA CLARA CA 95051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MOZILLA CORPORATION CTO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : INCA109897**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL GAMEL**

Mailing Address 1709 GLASTONBURY CIR

City State Zip Code  
ROSEVILLE CA 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : INCA109923**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE HIGLEY**

Mailing Address 880 CAMPUS COMMONS RD

City State Zip Code  
SACRAMENTO CA 95825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2014

**Transaction ID : INCA109914**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

**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 255 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DEAN KENNEDY**

Mailing Address 1004 S SIERRA VISTA AVE

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee.

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109900**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MS. SUE LEAL**

Mailing Address 590 S FALLING STAR DR

City ANAHEIM State CA Zip Code 92808

FEC ID number of contributing federal political committee.

Name of Employer SPEC CERAMICS Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109919**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**JASON LUJAN M.D.**

Mailing Address 4630 E TALMADGE DR

City SAN DIEGO State CA Zip Code 92116

FEC ID number of contributing federal political committee.

Name of Employer ANEST. SERVICE MEDICAL GROUP Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109904**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 256 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DIANNE PELLISSIER**

Mailing Address 1515 SHASTA DR

City State Zip Code  
DAVIS CA 95616

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109894**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK PLASTINO**

Mailing Address 2031 ASHRIDGE WAY

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HEWLETT PACKARD FINANCE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109918**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BETTY REICHARDT**

Mailing Address 520 FAIR AVE

City State Zip Code  
PETALUMA CA 94952

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109899**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 257 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD SHAWKEY**

Mailing Address PO BOX 2443

City: ARNOLD State: CA Zip Code: 95223

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 09 / 27 / 2014

**Transaction ID : INCA109917**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
**MS PHYLLIS WING**

Mailing Address 100 HAYWAGON CT

City: LINCOLN State: CA Zip Code: 95648

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 09 / 27 / 2014

**Transaction ID : INCA109915**

Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL HORNER**

Mailing Address 4818 FAIRLAWN DR

City: LA CANADA State: CA Zip Code: 91011

FEC ID number of contributing federal political committee: C

Name of Employer: TOM SAWYER CAMPS, INC Occupation: EXEC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 09 / 28 / 2014

**Transaction ID : INCA109926**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**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 258 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARILYN ROBINSON**

Mailing Address 2607 14TH ST

City State Zip Code  
SACRAMENTO CA 95818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : INCA109934**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHERYL BAUGH**

Mailing Address 7075 HEARST DR

City State Zip Code  
EL DORADO HILLS CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110288**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS BARBARA BECK**

Mailing Address 3103 ARIZONA AVE

City State Zip Code  
SANTA MONICA CA 90404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**355.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA109967**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**350.00**

**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 259 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS BENGARD**

Mailing Address 3912 CALLE ARIANA

City SAN CLEMENTE State CA Zip Code 92672

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110278**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBIN BERRY**

Mailing Address 598 55TH ST

City OAKLAND State CA Zip Code 94609

FEC ID number of contributing federal political committee. **C**

Name of Employer BERRY BROS TOWING & TRANSPORT Occupation PRESIDENT/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110017**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROY BILLINGS**

Mailing Address 16156 GREENWOOD RD

City MONTE SERENO State CA Zip Code 95030

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110007**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MRS. SONJA BILLOTTE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 441 TRINITY AVE		<b>Transaction ID : INCA109983</b>	
City YUBA CITY	State CA	Zip Code 95991	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 405.00		

Full Name (Last, First, Middle Initial) <b>B. MR. MARK BUCHER</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 18001 IRVINE BLVD STE 105		<b>Transaction ID : INCA110284</b>	
City TUSTIN	State CA	Zip Code 92780	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. COLLENE &amp; GARY Campbell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 27552 Rolling Wood Ln		<b>Transaction ID : INCA110287</b>	
City San Juan Capistran	State CA	Zip Code 92675	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1035.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 261 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. SEAN CAO</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 8 PENINSULA		<b>Transaction ID : INCA110289</b>	
City NEWPORT COAST	State CA	Zip Code 92657	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer GREAT FAR EAST	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. MR. HENRY CATE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 6708 LANDERWOOD LN		<b>Transaction ID : INCA110028</b>	
City SAN JOSE	State CA	Zip Code 95120	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer SELF EMPLOYED	Occupation CHESS & LEGO INSTRUCTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) <b>C. HARRISON CLARK</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 8261 BERG ST		<b>Transaction ID : INCA110030</b>	
City GRANITE BAY	State CA	Zip Code 95746	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00	
Name of Employer HARRISON CLARK CONSULTING	Occupation ENGINEER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2800.00
<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 262 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD COHEN**

Mailing Address 6673 LAIRD RD

City LOOMIS State CA Zip Code 95650

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110421**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES COHN**

Mailing Address 9936 VILLA GRANITO LN

City GRANITE BAY State CA Zip Code 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer WACHOVIA SECURITIES Occupation FINANCIAL ADVISOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA109938**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**WILHELMINE DAVIS**

Mailing Address 10788 CIVIC CENTER DR STE 220

City RANCHO CUCAMONGA State CA Zip Code 91730

FEC ID number of contributing federal political committee. **C**

Name of Employer LAWYER Occupation LAW OFFICES OF WILHEMINE DAVIS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110031**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4150.00

**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 263 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM DUFFY JR.**

Mailing Address 20637 LEONARD RD

City SARATOGA State CA Zip Code 95070

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA109992**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JUNE ENGLAND**

Mailing Address PO BOX A

City EL VERANO State CA Zip Code 95433

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA109990**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN FELLER**

Mailing Address 4101 NAPA LOOP

City ROSEVILLE State CA Zip Code 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA109970**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

350.00

**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 264 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE FREDRICKSON**

Mailing Address 399 LIVE OAK CT

City State Zip Code  
MILPITAS CA 95035

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PHYSICAL ELECTRONICS USA ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110026**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**ELLEN AND FRANK HERRMANN**

Mailing Address 5630 MONTCLAIR CIR

City State Zip Code  
ROCKLIN CA 95677

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HERRMANN EQUIPMENT INC SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110286**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARILYN HINTON**

Mailing Address 1005 MARIPOSA ST

City State Zip Code  
VALLEJO CA 94590

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110033**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 265 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM JOHNS**

Mailing Address 2600 MESA DR

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
INLAND GROUP INC BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110280**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**BILL AND DEBBIE LONGO**

Mailing Address 106 ASTI CT

City State Zip Code  
LINCOLN CA 95648

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SELF SWEDISH MATCH

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110420**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MCCULLOUGH BROS.**

Mailing Address 26565 PANOCHE RD

City State Zip Code  
PAICINES CA 95043

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PARTNERSHIP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109973**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 266 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEVE MORGAN**

Mailing Address 3855 ATHERTON RD

City State Zip Code  
ROCKLIN CA 95765

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WILDLANDS, INC. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110283**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MS MARGARET MUNSON**

Mailing Address 918 MONET CIR

City State Zip Code  
WALNUT CREEK CA 94597

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109981**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLIE OLSON**

Mailing Address 588 CRAWFORD DR

City State Zip Code  
SUNNYVALE CA 94087

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
C J OLSON CHERRIES FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109995**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 267 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLAUDE PARRISH**

Mailing Address **PO BOX 341**

City **TUSTIN** State **CA** Zip Code **92781**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : INCA110290**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER PETRIN**

Mailing Address **448 GREENWOOD BEACH RD**

City **TIBURON** State **CA** Zip Code **94920**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHRIS PETRIN** Occupation **MANAGE INVESTMENTS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : INCA110032**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JANE PETRIN**

Mailing Address **448 GREENWOOD BEACH RD**

City **TIBURON** State **CA** Zip Code **94920**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : INCA110040**

Amount of Each Receipt this Period  
**2100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**4950.00**

**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 268 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LEW PRICE**

Mailing Address **PO BOX 88**

City **GARDEN VALLEY** State **CA** Zip Code **95633**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF, LEW P. PRICE** Occupation **WRITER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : INCA110005**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CAROL SCIFRES**

Mailing Address **26700 PALO HILLS DR**

City **LOS ALTOS** State **CA** Zip Code **94022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NONE** Occupation **HOUSEWIFE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : INCA110019**

Amount of Each Receipt this Period  
**750.00**

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN SPECHT**

Mailing Address **10810 BARNETT VALLEY RD**

City **SEBASTOPOL** State **CA** Zip Code **95472**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INTIMATE WINE TOURS** Occupation **CONCIERGE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 29 / 2014**

**Transaction ID : INCA110419**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1150.00**

**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 269 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA STERN**

Mailing Address 14159 CANTLAY ST

City VAN NUYS State CA Zip Code 91405

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation NONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110025**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SHEILA THOMSEN**

Mailing Address 10 RUE CANNES

City NEWPORT BEACH State CA Zip Code 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110277**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. BARBARA ALHOUSE**

Mailing Address 620 SAND HILL RD APT 412E

City PALO ALTO State CA Zip Code 94304

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110098**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

275.00

**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 270 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRUCE ALLBRIGHT**

Mailing Address 30355 HARRISON TRAIL

City State Zip Code  
STEAMBOAT SPRINGS CO 80487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TARGET STORES PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA110512**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BARD**

Mailing Address 7652 TIMBERROSE WAY

City State Zip Code  
ROSEVILLE CA 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED US ARMY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA110485**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES BARTYLLA**

Mailing Address 4405 NEWLAND HEIGHTS CT

City State Zip Code  
ROCKLIN CA 95765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA110180**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

650.00

**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 271 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. DIXIE BEAR**

Mailing Address 21 GLEN ECHO

City State Zip Code  
DOVE CANYON CA 92679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110471**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM BECKLEY**

Mailing Address 4150 RHODES WAY

City State Zip Code  
OCEANSIDE CA 92056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110073**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNE BIDART**

Mailing Address PO BOX 3427

City State Zip Code  
HAILEY ID 83333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110112**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**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 272 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. THOMAS BIRMINGHAM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1419 11TH AVE		<b>Transaction ID : INCA110509</b>	
City SACRAMENTO	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 95818			
FEC ID number of contributing federal political committee. C			
Name of Employer WESTLANDS WATER DISTRICT	Occupation MANAGER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. NITA BLASHAW</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 14618 MCADAMS CREEK RD		<b>Transaction ID : INCA110060</b>	
City FORT JONES	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 96032			
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 315.00		

Full Name (Last, First, Middle Initial) <b>C. MR. DEREK BORBA</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 11054 W MT WHITNEY AVE		<b>Transaction ID : INCA110505</b>	
City RIVERDALE	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 93656			
FEC ID number of contributing federal political committee. C			
Name of Employer BORBA FARMS PARTNERS	Occupation FARMER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 273 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK BORBA**

Mailing Address 11054 W MT WHITNEY AVE

City State Zip Code  
RIVERDALE CA 93656

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
BORBA FARMS PARTNERS FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110504**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. HELEN BRECK**

Mailing Address PO BOX AK

City State Zip Code  
CARMEL BY THE SEA CA 93921

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED WIDOW OF SAMUEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110092**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH & BERNARDA CALABRETTA**

Mailing Address 15250 DITTMAR DR

City State Zip Code  
WHITTIER CA 90603

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110063**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 274 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET CHAMPLAIN**

Mailing Address 6737 ALDEN LN

City State Zip Code  
CITRUS HEIGHTS CA 95621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110477**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**PAMELA CHAPIN**

Mailing Address 2737 E 2ND ST UNIT 1

City State Zip Code  
LONG BEACH CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CALIFORNIA STATE UNIVERSITY SR. MANAGER, BENEFITS

Receipt For: 2014  
 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 / 2014

**Transaction ID : INCA110081**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MARY CONKEY**

Mailing Address 6247 CALLE MONTALVO CR

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110466**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD DEVINE**

Mailing Address 652 W CROMWELL STE 103

City FRESNO State CA Zip Code 93711

FEC ID number of contributing federal political committee.

Name of Employer DOUBLE D FARMS Occupation PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110503**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM DODDRIDGE**

Mailing Address 15732 TUSTIN VILLAGE WAY

City TUSTIN State CA Zip Code 92780

FEC ID number of contributing federal political committee.

Name of Employer GOLDENWEST DIAMOND CORP Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110149**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD DONAGHY**

Mailing Address 2363 S CEDAR AVE

City FRESNO State CA Zip Code 93725

FEC ID number of contributing federal political committee.

Name of Employer WESTSIDE HARVESTING Occupation SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110507**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 276 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MS SHIRLEY FLEMING**

Mailing Address 5348 SUGAR PINE LOOP

City ROSEVILLE State CA Zip Code 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 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 / 2014

**Transaction ID : INCA110181**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. GREGORY GIBSON**

Mailing Address 17174 ALEXANDRA WAY

City GRASS VALLEY State CA Zip Code 95949

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110467**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN GOYETTE**

Mailing Address 319 E OAK AVE

City EL SEGUNDO State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C**

Name of Employer AEROSPACE CORP Occupation ENGINEER

Receipt For: 2014  
 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 / 2014

**Transaction ID : INCA110497**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

350.00

**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 277 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MANUELA HAYS**

Mailing Address 22 STONYBROOK CT

City IONE State CA Zip Code 95640

FEC ID number of contributing federal political committee. **C**

Name of Employer KAISER Occupation ADMIN. ASSISTASNT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110111**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. GARY HECTOR**

Mailing Address 1572 DORCEY LANE

City SAN JOSE State CA Zip Code 95120

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110184**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JOANNE HOFFMAN**

Mailing Address 3831 BLUFF ST

City TORRANCE State CA Zip Code 90505

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110093**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**200.00**

**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 278 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GARY HUGHES**

Mailing Address 535 S BOYD DR

City State Zip Code  
KERMAN CA 93630

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GARY HUGHES FARMS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110502**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH HUNTER**

Mailing Address 1621 N REFUGIO RD

City State Zip Code  
SANTA YNEZ CA 93460

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
VAQUERO ENERGY, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110482**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. CRAIG JENSEN**

Mailing Address 611 S FORT HARRISON AVE #357

City State Zip Code  
CLEARWATER FL 33756

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CONDUSIV TECHNOLOGIES CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110514**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 279 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BRIAN JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 4757 CHERRYVALE AVE		<b>Transaction ID : INCA110162</b>
City SOQUEL	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>B. MRS. CORINNE MANNING</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 19652 DESCARTES		<b>Transaction ID : INCA110188</b>
City FOOTHILL RANCH	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer TMS PRINT SYSTEMS	Occupation SUPPLIES DIRECTOR	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. MR. EVERETT MANNING JR.</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 19652 DESCARTES		<b>Transaction ID : INCA110182</b>
City FOOTHILL RANCH	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer TECHNICAL MAINTENANCE SUPPORT	Occupation CORPORATE TREASURER/VICE PRESIDEN	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5400.00
<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 280 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LAURA MIGNANO**

Mailing Address 12940 FIR DR

City SONORA State CA Zip Code 95370

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110479**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. RAMONA MOLOSKI**

Mailing Address 16100 CURTIS TRL # 4

City FRAZIER PARK State CA Zip Code 93225

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110166**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**DWAYNE NASH**

Mailing Address 2905 VIRGINIATOWN RD

City LINCOLN State CA Zip Code 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer KODIAK ROOFING & WATERPROOFING Occupation CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110163**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00



**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 281 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JILL NASH**

Mailing Address 2905 VIRGINIATOWN RD

City State Zip Code  
LINCOLN CA 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110194**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT NICHOLS**

Mailing Address 2229 STRADELLA RD

City State Zip Code  
LOS ANGELES CA 90077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WINDWARD CAPITAL MGMT CO CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110508**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES O'CONNOR**

Mailing Address 2912 N KRISTOPHER BND

City State Zip Code  
SAINT CHARLES MO 63303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF EMPLOYED INSURANCE SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110087**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5250.00

**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 282 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN OUZOUNIAN**

Mailing Address 1222 E BALBOA BLVD

City State Zip Code  
NEWPORT BEACH CA 92661

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OUZOUNIAN CONSTRUCTORS, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110186**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**KENNETH PAYNE**

Mailing Address 8854 TAPADERAS LOOP

City State Zip Code  
ROSEVILLE CA 95747

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
STATE OF CALIFORNIA PROJECT MANAGER TOXICS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110460**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD PERACCHI**

Mailing Address 4283 N VAN NESS BLVD

City State Zip Code  
FRESNO CA 93704

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WESTLANDS WATER DISTRICT BOARD MEMBER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110510**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 283 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT PFAHNL**

Mailing Address 1744 HARTE DR

City State Zip Code  
SAN JOSE CA 95124

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
QUANTERA SYSTEMS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110172**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LINDA PRAUSA**

Mailing Address 35179 CHARMWOOD CT

City State Zip Code  
NEWARK CA 94560

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NONE HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110048**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. STEVEN PRITT**

Mailing Address 949 NANTUCKET BLVD UNIT 2

City State Zip Code  
SALINAS CA 93906

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
EDEN VALLEY CARE CENTER HEALTH CARE ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA110154**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 284 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. PAUL REDDICK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 2466 WOODLAND AVE		<b>Transaction ID : INCA110169</b>
City SAN JOSE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SMOKING PIG BBQ CO., LLC.	Occupation CHIEF SMOKING OFFICER/OWNER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625.00	

Full Name (Last, First, Middle Initial) <b>MR. JAMES REYNOLDS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 1509 DOLPHIN TER		<b>Transaction ID : INCA110164</b>
City CORONA DEL MAR	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. LEONARD ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address PO BOX 235		<b>Transaction ID : INCA110457</b>
City W SACRAMENTO	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RIVER CITY PETROLEUM	Occupation CORPORATE EXECUTIVE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<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: (check only one)	PAGE 285 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. NANCY ROTH**

Mailing Address 8545 CARMEL VALLEY RD

City State Zip Code  
CARMEL CA 93923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA110075**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JOAN ROUSE**

Mailing Address 1260 FRESCHI LN

City State Zip Code  
LINCOLN CA 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA110465**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT ROUSE**

Mailing Address 1260 FRESCHI LN

City State Zip Code  
LINCOLN CA 95648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA110458**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**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 286 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY RYAN**

Mailing Address 393 DORCHESTER RD

City State Zip Code  
LYME NH 03768

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110086**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS SALIBA**

Mailing Address 115 S VALLEY ST

City State Zip Code  
BURBANK CA 91505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110054**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**DON SEBASTIANI**

Mailing Address PO BOX 1248

City State Zip Code  
SONOMA CA 95476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DON SEBASTIANI & SONS WINERY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110506**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. W. LEONARD SEELEY</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 400 RAILROAD AVE APT 13		<b>Transaction ID : INCA110469</b>	
City NEVADA CITY	State CA	Zip Code 95959	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00		

Full Name (Last, First, Middle Initial) <b>. SHAKOPEE MDEWAKANTON SIOUX COM</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 2330 SIOUX TRAIL NW		<b>Transaction ID : INCA110495</b>	
City PRIOR LAKE	State MN	Zip Code 55372	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SHAKOPEE MDEWAKANTON SIOUX	Occupation INDIAN TRIBE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>MR. ROBERT SMITTCAMP</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 5811 N Forkner Ave		<b>Transaction ID : INCA110492</b>	
City Fresno	State CA	Zip Code 93711	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer LYONS	Occupation CHAIRMAN/CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**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 288 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD SPENCER**

Mailing Address 5286 E HOME AVE

City State Zip Code  
FRESNO CA 93727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SPENCER ENTERPRISES, INC. PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110470**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. LEO STRAUS**

Mailing Address 302 ESTATE LN

City State Zip Code  
BROOKVILLE OH 45309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110090**

Amount of Each Receipt this Period  
36.00

**C.** Full Name (Last, First, Middle Initial)  
**TLC. A CALIFORNIA PARTNERSHIP**

Mailing Address 2822 S MAPLE

City State Zip Code  
FRESNO CA 93725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PARTNERSHIP

Receipt For: 2014  
 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 / 2014

**Transaction ID : INCA110501**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2036.00



**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 289 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MS. LILLIE TONKIN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 3939 WALNUT AVE UNIT 106		<b>Transaction ID : INCA110065</b>	
City CARMICHAEL	State CA	Zip Code 95608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00		

Full Name (Last, First, Middle Initial) <b>B. MR. GEORGE WATTE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 5421 AVENUE 200		<b>Transaction ID : INCA110491</b>	
City Tulare	State CA	Zip Code 93274	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer GEORGE D WATTE & SONS	Occupation PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. BONNIE WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 9260 WINDING OAK DR		<b>Transaction ID : INCA110059</b>	
City FAIR OAKS	State CA	Zip Code 95628	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer FOLSOM AUTOTECH	Occupation OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 290 OF 382
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>MR. DAVID WOOD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 652 W CROMWELL STE 103		<b>Transaction ID : INCA110490</b>	
City State Zip Code FRESNO CA 93711	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation DOUBLE D FARMS PARTNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Name of Employer Occupation		
FEC ID number of contributing federal political committee. C	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Name of Employer Occupation		
FEC ID number of contributing federal political committee. C	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	236084.39

**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 291 OF 382
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EL DORADO CO REPUBLICAN ASSEMBLY**

Mailing Address 3545 BIR BARN RD

City State Zip Code  
PLACERVILLE CA 95667

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA109069**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**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 292 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MINEPAC**

Mailing Address 101 CONSTITUTION AVE STE 500 EAST

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : INCA107977**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATL BEER WHOLESALERS ASN PAC**

Mailing Address 1101 KING ST STE 600

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : INCA107976**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PG & E CORPORATION ENERGY PAC**

Mailing Address 77 BEALE ST

City State Zip Code  
SAN FRANCISCO CA 94177

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2014

**Transaction ID : INCA107975**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**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 293 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>UNION PACIFIC CORP. FUND</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 700 13TH ST STE 350		<b>Transaction ID : INCA107972</b>	
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00010470			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>CHEVRON EMPLOYEES PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address PO BOX 6016		<b>Transaction ID : INCA108330</b>	
City SAN RAMON	State CA	Zip Code 94583	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00035006			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>EAGLE FORUM PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2014	
Mailing Address PO BOX 618		<b>Transaction ID : INCA108328</b>	
City ALTON	State IL	Zip Code 62002	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00103937			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	5500.00

**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 294 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SEMPER FI PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00544262**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 15 / 2014**

**Transaction ID : INCA108350**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**IPAA WILDCATTERS FUND**

Mailing Address **1201 15TH ST NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 18 / 2014**

**Transaction ID : INCA108274**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC**

Mailing Address **601 PENNSYLVANIA AVENUE, NW, S. BL**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 27 / 2014**

**Transaction ID : INCA108619**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_

\_\_\_\_\_

**8000.00**

**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 295 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE LEADERSHIP PAC**

Mailing Address 3128 NORTH ST

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00010363

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108742**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**HALLIBURTON PAC**

Mailing Address 10200 BELLAIRE BLVD

City HOUSTON State TX Zip Code 77072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 04 / 2014

**Transaction ID : INCA108738**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL PAC**

Mailing Address 208 S AKARD ST STE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109602**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**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 296 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EXXON MOBILE CORP. PAC**

Mailing Address 5959 LAS COLINAS BLVD

City State Zip Code  
IRVING TX 75039

FEC ID number of contributing federal political committee. **C** C00095406

Name of Employer Occupation  
C00095406

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109060**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL OCEAN IND. ASSOC. PAC**

Mailing Address 1120 G ST STE 900

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00446815

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109072**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PG & E CORPORATION ENERGY PAC**

Mailing Address 77 BEALE ST

City State Zip Code  
SAN FRANCISCO CA 94177

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA109065**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00



**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 297 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN CONSERVATIVE UNION PAC**

Mailing Address 1007 CAMERON ST

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00130658

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109962**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**COLE PAC**

Mailing Address 12176 CHANCERY STATION CIR

City State Zip Code  
RESTON VA 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109963**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE LEADERSHIP PAC**

Mailing Address 3128 NORTH ST

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00010363

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2014

**Transaction ID : INCA109958**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**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 298 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>KOCHPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 600 14TH ST NW STE 800		<b>Transaction ID : INCA109955</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00236489		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>MDU RESOURCES GROUP GOOD GOVT FUND</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address PO BOX 5650		<b>Transaction ID : INCA109956</b>
City BISMARCK	State ND	
FEC ID number of contributing federal political committee. C C00163253		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>NATIONAL CATTLEMEN'S BEEF ASSOC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1301 PENNSYLVANIA AVE NW STE 300		<b>Transaction ID : INCA109950</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00028787		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<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 299 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NRA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL RD

City State Zip Code  
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109944**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SAFARI CLUB INTERNATIONAL PAC**

Mailing Address 4800 W GATES PASS RD

City State Zip Code  
TUSCON AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109951**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**SOLARCITY PAC**

Mailing Address 505 9TH ST NW STE 800

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00520569

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109964**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**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 300 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TRINITY INDUSTRIES EMPLOYEE PAC SF, INC**

Mailing Address 2525 STEMMONS FWY

City State Zip Code  
DALLAS TX 75207

FEC ID number of contributing federal political committee. **C** C00268904

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109752**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**WPX ENERGY, INC. PAC**

Mailing Address 1001 17TH ST STE 1200

City State Zip Code  
DENVER CO 80202

FEC ID number of contributing federal political committee. **C** C00502518

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA109965**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CALIFORNIA WATER SERVICE GROUP PAC**

Mailing Address 1720 N 1ST ST

City State Zip Code  
SAN JOSE CA 95112

FEC ID number of contributing federal political committee. **C** C00357608

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA110041**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A. FARMERS INSURANCE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 KERNER BLVD STE 250

City SAN RAFAEL	State CA	Zip Code 94901
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer	Occupation FEC ID#C00135681
------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110282**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

**B. MOORLACH FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 S FIGUEROA ST STE 1110

City LOS ANGELES	State CA	Zip Code 90071
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00552471

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : INCA110291**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

**C. AMERICAN BANKERS ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 CONNECTICUT AVE NW

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110463**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ 8500.00

\_\_\_\_\_

**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 302 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CA WESTSIDE FARMERS PAC**

Mailing Address 4489 N VAN NESS BLVD

City FRESNO State CA Zip Code 93704

FEC ID number of contributing federal political committee. **C** C00079566

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110498**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION PAC**

Mailing Address 1701 JFK BLVD

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110494**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ENGPAC**

Mailing Address 2980 FAIRVIEW PARK DR

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110496**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**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 303 OF 382
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**EUREKA PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20284**

FEC ID number of contributing federal political committee. **C C00390161**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **3500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : INCA110499**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**KEN CALVERT FOR CONGRESS COMMITTEE**

Mailing Address **PO BOX 20123**

City **RIVERSIDE** State **CA** Zip Code **92516**

FEC ID number of contributing federal political committee. **C C00257337**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **3000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : INCA110486**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NEW PAC**

Mailing Address **PO BOX 7480**

City **VISALIA** State **CA** Zip Code **93290**

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : INCA110483**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **7000.00**

\_\_\_\_\_

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA110486

Refund issued 10/8/14

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 305 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OCcidental PETROLEUM CORP. PAC**

Mailing Address 10889 WILSHIRE BLVD

City State Zip Code  
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110484**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**VALERO POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 696000

City State Zip Code  
SAN ANTONIO TX 78269

FEC ID number of contributing federal political committee. **C** C00109546

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : INCA110472**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

73500.00

**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 306 OF 382
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**INTERNAL REVENUE SVC.**

Mailing Address

City State Zip Code  
OGDEN UT 84201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1013.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014

**Transaction ID : INCA108279**

Amount of Each Receipt this Period  
 1013.00

REFUND OF OVERPAYMENT

**B.** Full Name (Last, First, Middle Initial)  
**FRESNO COUNTY REGISTRAR**

Mailing Address 2221 KERN ST.

City State Zip Code  
FRESNO CA 93721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
346.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014

**Transaction ID : INCA108438**

Amount of Each Receipt this Period  
 32.97

REFUND

**C.** Full Name (Last, First, Middle Initial)  
**U.S. POSTAL SVC.**

Mailing Address 2000 ROYAL OAKS DR.

City State Zip Code  
SACRAMENTO CA 95813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1420.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : INCA110415**

Amount of Each Receipt this Period  
 599.48

REFUND

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1645.45

1645.45

**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 307 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. EMPLOYMENT DEVELOPMENT DEPT.**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 826276

City SACRAMENTO State CA Zip Code 94230

Purpose of Disbursement TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 185.70

Transaction ID : EXPB106936

Category/Type: 001

**B. GOOD STUFF EATERY**

Full Name (Last, First, Middle Initial)  
Mailing Address 303 PENNSYLVANIA AVE.

City Washington State DC Zip Code 20003

Purpose of Disbursement MEETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 40.42

Transaction ID : EXPB108160

Category/Type: 001

**C. MR. JON HUEY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1198

City ROCKLIN State CA Zip Code 95677

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 2037.97

Transaction ID : EXPB106931

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 2264.09

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 308 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. INTERNAL REVENUE SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 1234.00 <b>Transaction ID : EXPB106937</b>
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. INTERNAL REVENUE SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : EXPB106938</b>
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW REED</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2480 QUIVER DR.		Amount of Each Disbursement this Period 848.33 <b>Transaction ID : EXPB106932</b>
City IONE	State CA	
Zip Code 95640	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2142.33
<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 309 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. STATE COMPENSATION INSURANCE FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 748170

City LOS ANGELES State CA Zip Code 90074

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 192.25

Transaction ID : EXPB106942

Category/Type: 001

**B. STATE FARM INSURANCE**

Full Name (Last, First, Middle Initial)  
Mailing Address 7210 GREENHAVEN DR. #A

City Sacramento State CA Zip Code 95831

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : EXPB106941

Category/Type: 001

**C. TERRA ECLIPSE**

Full Name (Last, First, Middle Initial)  
Mailing Address 9043 SOQUEL DR.

City Aptos State CA Zip Code 95003

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 01 / 2014

Amount of Each Disbursement this Period: 2500.00

Transaction ID : EXPB106943

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... 3192.25

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 310 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U.S. POSTAL SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2000 ROYAL OAKS DR.		Amount of Each Disbursement this Period 220.00
City SACRAMENTO	State CA	
Zip Code 95813	Purpose of Disbursement PERMIT	Transaction ID : EXPB106939
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTAL SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2000 ROYAL OAKS DR.		Amount of Each Disbursement this Period 685.00
City SACRAMENTO	State CA	
Zip Code 95813	Purpose of Disbursement MAINTENANCE FEE	Transaction ID : EXPB106940
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address P. O. BOX 5025		Amount of Each Disbursement this Period 348.80
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Disbursement PHONE SVC.	Transaction ID : EXPB107015
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1253.80
<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 311 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T MOBILITY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address P. O. BOX 6463		Amount of Each Disbursement this Period 115.91 <b>Transaction ID : EXPB107013</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement PHONE SVC.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T MOBILITY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address P. O. BOX 537104		Amount of Each Disbursement this Period 85.85 <b>Transaction ID : EXPB107014</b>
City ATLANTA	State GA	
Zip Code 30353	Purpose of Disbursement PHONE SVC.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. DAVID BAUER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 830.30 <b>Transaction ID : EXPB107012</b>
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1032.06
<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 312 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CAPITAL DEVELOPMENT STRATEGIES**

Mailing Address 1127 11TH ST. #310

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 300.46

Transaction ID : EXPB107010

Category/Type: 003

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED COMMUNICATIONS**

Mailing Address P. O. BOX 30697

City LOS ANGELES State CA Zip Code 90030

Purpose of Disbursement PHONE SVC.

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 260.43

Transaction ID : EXPB107003

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. THE CATALYST GROUP RW, LLC**

Mailing Address 600 PENNSYLVANIA AVE. #330

City Washington State DC Zip Code 20003

Purpose of Disbursement FUNDRAISING MEETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 02 / 2014

Amount of Each Disbursement this Period: 239.04

Transaction ID : EXPB107007

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... 799.93

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 313 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE CATALYST GROUP RW, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address 600 PENNSYLVANIA AVE. #330			Amount of Each Disbursement this Period 338.36	
City Washington	State DC	Zip Code 20003	Transaction ID : EXPB107004	
Purpose of Disbursement CATERING		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CHASE BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 801 K ST. #110			Amount of Each Disbursement this Period 63.80	
City SACRAMENTO	State CA	Zip Code 95814	Transaction ID : EXPB108169	
Purpose of Disbursement BANK FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. OFFICE MAX</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014	
Mailing Address 312 N. SUNRISE BLVD.			Amount of Each Disbursement this Period 11.81	
City Roseville	State CA	Zip Code 95661	Transaction ID : EXPB108158	
Purpose of Disbursement SUPPLIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	413.97
<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 314 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BLUE POINT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 35311 N. 92ND WAY		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : EXPB107455</b>
City SCOTTSDALE	State AZ	
Zip Code 85262	Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FIA CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address P. O. BOX 15716		Amount of Each Disbursement this Period 232.66 <b>Transaction ID : EXPB107454</b>
City WILMINGTON	State DE	
Zip Code 19886	Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. STOR N LOK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 21 MASSIE CT.		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : EDTB305EXPB107454</b> <b>[MEMO ITEM]</b>
City SACRAMENTO	State CA	
Zip Code 95828	Purpose of Disbursement STORAGE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3232.66
<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 315 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE MONACO GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 9287.81 <b>Transaction ID : EXPB107453</b>
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement MASS MAIL Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTAL SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 2000 ROYAL OAKS DR.		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : EXPB107451</b>
City SACRAMENTO State CA Zip Code 95813	Purpose of Disbursement POSTAGE Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VOTE RITE SYSTEMS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 3440 VIKING DR. #105		Amount of Each Disbursement this Period 750.96 <b>Transaction ID : EXPB107452</b>
City SACRAMENTO State CA Zip Code 95827	Purpose of Disbursement DATA PROCESSING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10788.77
<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 316 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. JON HUEY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO BOX 1198		Amount of Each Disbursement this Period 2037.97 <b>Transaction ID : EXPB107458</b>
City ROCKLIN	State CA	
Zip Code 95677	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MATTHEW REED</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 2480 QUIVER DR.		Amount of Each Disbursement this Period 848.33 <b>Transaction ID : EXPB107456</b>
City IONE	State CA	
Zip Code 95640	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Mr. Joseph Yocca Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 4697 YORKSHIRE WAY		Amount of Each Disbursement this Period 2652.40 <b>Transaction ID : EXPB107457</b>
City GRANITE BAY	State CA	
Zip Code 95746	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5538.70
<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 317 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. PUBLIC STORAGE**

Full Name (Last, First, Middle Initial)  
Mailing Address 715 CIRBY WAY

City Roseville State CA Zip Code 95678

Purpose of Disbursement STORAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 15 / 2014

Amount of Each Disbursement this Period: 64.00

Transaction ID : EXPB108161

Category/Type: 001

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 FIRST ST. SE

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement MEETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2014

Amount of Each Disbursement this Period: 270.19

Transaction ID : EXPB108162

Category/Type: 001

**C. CAPITOL HOST**

Full Name (Last, First, Middle Initial)  
Mailing Address RAYBURN HOUSE OFFICE BLDG RM 339B

City WASHINGTON State DC Zip Code 20515

Purpose of Disbursement FUNDRAISING EVENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 18 / 2014

Amount of Each Disbursement this Period: 1537.88

Transaction ID : EXPB108163

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional)..... 1872.07

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 318 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TIM MACY &amp; ASSOC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address 1831 IRON POINT RD. #120		Amount of Each Disbursement this Period 3431.76 <b>Transaction ID : EXPB107737</b>
City FOLSOM State CA Zip Code 95630	Purpose of Disbursement MASS MAIL Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ZINFANDEL CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2014
Mailing Address 2220 DOUGLAS BLVD. #280		Amount of Each Disbursement this Period 1293.00 <b>Transaction ID : EXPB107757</b>
City ROSEVILLE State CA Zip Code 95661	Purpose of Disbursement RENT Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address P. O. BOX 5025		Amount of Each Disbursement this Period 351.92 <b>Transaction ID : EXPB107807</b>
City CAROL STREAM State IL Zip Code 60197	Purpose of Disbursement PHONE SVC. Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5076.68
<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 319 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T MOBILITY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address P. O. BOX 537104		Amount of Each Disbursement this Period 85.77 <b>Transaction ID : EXPB107808</b>
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement PHONE SVC. Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DAVID BAUER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 733.70 <b>Transaction ID : EXPB107809</b>
City SACRAMENTO State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC. Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITAL DEVELOPMENT STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1127 11TH ST. #310		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : EXPB107810</b>
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement FUNDRAISING FEE Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	969.47
<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 320 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE MONACO GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 17061.49 <b>Transaction ID : EXPB107811</b>
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement MASS MAIL Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 5515 PACIFIC ST		Amount of Each Disbursement this Period 196.00 <b>Transaction ID : EXPB108166</b>
City Rocklin State CA Zip Code 95677	Purpose of Disbursement POSTAGE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VOTE RITE SYSTEMS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2014
Mailing Address 3440 VIKING DR. #105		Amount of Each Disbursement this Period 1203.27 <b>Transaction ID : EXPB107812</b>
City SACRAMENTO State CA Zip Code 95827	Purpose of Disbursement DATA PROCESSING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18460.76
<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 321 OF 382		
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAILCHIMP.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 512 MEANS ST. #404		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : EXPB108167</b>
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement BROADCAST E-MAIL Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMADOR COUNTY CLERK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 810 COURT ST.		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : EXPB107845</b>
City JACKSON State CA Zip Code 95642	Purpose of Disbursement BALLOT STMT Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CALAVERAS COUNTY CLERK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 891 MOUNTAIN RANCH RD.		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : EXPB107846</b>
City SAN ANDREAS State CA Zip Code 95249	Purpose of Disbursement BALLOT STMT Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	875.00
<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 322 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EL DORADO COUNTY REGISTRAR</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2850 FAIRLANE CT.		Amount of Each Disbursement this Period 2360.00 <b>Transaction ID : EXPB107847</b>
City Placerville	State CA	
Zip Code 95667	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FRESNO COUNTY REGISTRAR</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2221 KERN ST.		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : EXPB107848</b>
City FRESNO	State CA	
Zip Code 93721	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MADERA COUNTY CLERK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 200 W. 4TH ST.		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : EXPB107849</b>
City MADERA	State CA	
Zip Code 93637	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3460.00
<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 323 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARIPOSA COUNTY REGISTRAR</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 4982 10TH ST.		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : EXPB107850</b>
City MARIPOSA	State CA	
Zip Code 95338	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NEVADA COUNTY CLERK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 950 MAIDU AVE.		Amount of Each Disbursement this Period 282.83 <b>Transaction ID : EXPB107851</b>
City Nevada City	State CA	
Zip Code 95959	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PLACER COUNTY CLERK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2956 RICHARDSON DR.		Amount of Each Disbursement this Period 3590.00 <b>Transaction ID : EXPB107852</b>
City AUBURN	State CA	
Zip Code 95603	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4472.83
<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 324 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TUOLUMNE COUNTY CLERK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 2 SOUTH GREEN ST.		Amount of Each Disbursement this Period 1310.00 <b>Transaction ID : EXPB107853</b>
City SONORA	State CA	
Zip Code 95370	Purpose of Disbursement BALLOT STMT	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CALIF. STATE DISBURSEMENT UNIT</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address P. O. BOX 989067		Amount of Each Disbursement this Period 798.10 <b>Transaction ID : EXPB107857</b>
City WEST SACRAMENTO	State CA	
Zip Code 95798	Purpose of Disbursement SUPPORT PAYMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CHIPOTLE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 601 F ST. NW		Amount of Each Disbursement this Period 126.75 <b>Transaction ID : EXPB108168</b>
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement CATERING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2234.85
<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 325 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. EMPLOYMENT DEVELOPMENT DEPT.**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 826276

City SACRAMENTO State CA Zip Code 94230

Purpose of Disbursement TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2014

Amount of Each Disbursement this Period: 557.10

Transaction ID : EXPB107860

Category/Type: 001

**B. MR. JON HUEY**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1198

City ROCKLIN State CA Zip Code 95677

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2014

Amount of Each Disbursement this Period: 2037.97

Transaction ID : EXPB107854

Category/Type: 001

**C. INTERNAL REVENUE SVC.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City OGDEN State UT Zip Code 84201

Purpose of Disbursement TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 30 / 2014

Amount of Each Disbursement this Period: 456.03

Transaction ID : EXPB107858

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 3051.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 382		
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. INTERNAL REVENUE SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address		Amount of Each Disbursement this Period 4405.88
City OGDEN	State UT	
Zip Code 84201		<b>Transaction ID : EXPB107859</b>
Purpose of Disbursement TAXES	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MATTHEW REED</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 2480 QUIVER DR.		Amount of Each Disbursement this Period 848.33
City IONE	State CA	
Zip Code 95640		<b>Transaction ID : EXPB107856</b>
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Joseph Yocca Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 4697 YORKSHIRE WAY		Amount of Each Disbursement this Period 798.10
City GRANITE BAY	State CA	
Zip Code 95746		<b>Transaction ID : EXPB107855</b>
Purpose of Disbursement PAYROLL	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6052.31
<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 327 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ZINFANDEL CENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 2220 DOUGLAS BLVD. #280			Amount of Each Disbursement this Period 1293.00	
City ROSEVILLE	State CA	Zip Code 95661	Transaction ID : EXPB107861	
Purpose of Disbursement RENT		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 62.80	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108762	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 13.10	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108763	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1368.90
<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 328 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. ARISTOTLE INTERNATIONAL**

Full Name (Last, First, Middle Initial)  
Mailing Address 205 PENNSYLVANIA AVE. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement SOFTWARE  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 3000.00  
Transaction ID : EXPB108785

Category/Type: 001

**B. OFFICE MAX**

Full Name (Last, First, Middle Initial)  
Mailing Address 312 N. SUNRISE BLVD.

City Roseville State CA Zip Code 95661

Purpose of Disbursement SUPPLIES  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 04 / 2014

Amount of Each Disbursement this Period: 39.74  
Transaction ID : EXPB108783

Category/Type: 001

**C. CHASE BANK**

Full Name (Last, First, Middle Initial)  
Mailing Address 801 K ST. #110

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement BANK FEE  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 05 / 2014

Amount of Each Disbursement this Period: 214.21  
Transaction ID : EXPB108813

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 3253.95

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 329 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FRY'S ELECTRONICS</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2014
Mailing Address 180 N. SUNRISE AVE.		Amount of Each Disbursement this Period 9.16 <b>Transaction ID : EXPB108787</b>
City ROSEVILLE	State CA	
Zip Code 95661	Purpose of Disbursement SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T MOBILITY</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address P. O. BOX 6463		Amount of Each Disbursement this Period 115.68 <b>Transaction ID : EXPB108026</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement PHONE SVC.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FIA CARD SERVICES</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014
Mailing Address P. O. BOX 15716		Amount of Each Disbursement this Period 140.00 <b>Transaction ID : EXPB108025</b>
City WILMINGTON	State DE	
Zip Code 19886	Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	264.84
<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 330 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. STOR N LOK**

Full Name (Last, First, Middle Initial)  
Mailing Address 21 MASSIE CT.

City SACRAMENTO State CA Zip Code 95828

Purpose of Disbursement STORAGE  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 140.00  
Transaction ID : EDTB306EXPB108025

**[MEMO ITEM]**

Category/Type: 001

**B. PAYPAL**

Full Name (Last, First, Middle Initial)  
Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement MERCHANT FEE  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 115.31  
Transaction ID : EXPB108764

Category/Type: 001

**C. PLACER COUNTY CLERK**

Full Name (Last, First, Middle Initial)  
Mailing Address 2956 RICHARDSON DR.

City AUBURN State CA Zip Code 95603

Purpose of Disbursement BALLOT STMT  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 06 / 2014

Amount of Each Disbursement this Period: 40.00  
Transaction ID : EXPB108024

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 155.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 331 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ZINFANDEL CENTER</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014	
Mailing Address 2220 DOUGLAS BLVD. #280			Amount of Each Disbursement this Period 1293.00	
City ROSEVILLE	State CA	Zip Code 95661	Transaction ID : EXPB108023	
Purpose of Disbursement RENT		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014	
Mailing Address P. O. BOX 7221			Amount of Each Disbursement this Period 11.87	
City PASADENA	State CA	Zip Code 91109	Transaction ID : EXPB108788	
Purpose of Disbursement SHIPPING		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 29.51	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108765	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1334.38
<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 332 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 15.28	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108766	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 6.53	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108767	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 2.80	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108768	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24.61
<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 333 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 9.26	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108769	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CHICAGO FIRE</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 500 N. SUNRISE AVE.			Amount of Each Disbursement this Period 54.52	
City ROSEVILLE	State CA	Zip Code 95661	Transaction ID : EXPB108790	
Purpose of Disbursement MEETING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 3.69	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108770	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	67.47
<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 334 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VOTERLINK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 13348 ALPINE COVE DR.		Amount of Each Disbursement this Period 386.23 <b>Transaction ID : EXPB108789</b>
City ALPINE State UT Zip Code 84004	Purpose of Disbursement VOTER LIST Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHICAGO FIRE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 500 N. SUNRISE AVE.		Amount of Each Disbursement this Period 70.57 <b>Transaction ID : EXPB108791</b>
City ROSEVILLE State CA Zip Code 95661	Purpose of Disbursement MEETING Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MR. JON HUEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PO BOX 1198		Amount of Each Disbursement this Period 2037.97 <b>Transaction ID : EXPB108215</b>
City ROCKLIN State CA Zip Code 95677	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2494.77
<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 335 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THOMAS MCCLINTOCK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 2601 MARINA POINT LN.			Amount of Each Disbursement this Period 368.70	
City Elk Grove	State CA	Zip Code 95672	Transaction ID : EXPB108218	
Purpose of Disbursement MILEAGE		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. MATTHEW REED</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 2480 QUIVER DR.			Amount of Each Disbursement this Period 848.33	
City IONE	State CA	Zip Code 95640	Transaction ID : EXPB108217	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. VOTE RITE SYSTEMS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014	
Mailing Address 3440 VIKING DR. #105			Amount of Each Disbursement this Period 992.20	
City SACRAMENTO	State CA	Zip Code 95827	Transaction ID : EXPB108219	
Purpose of Disbursement DATA PROCESSING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2209.23
<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 336 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Joseph Yocca Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 4697 YORKSHIRE WAY		Amount of Each Disbursement this Period 916.28 <b>Transaction ID : EXPB108216</b>
City GRANITE BAY	State CA	
Zip Code 95746	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.68 <b>Transaction ID : EXPB108771</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 715 CIRBY WAY		Amount of Each Disbursement this Period 64.00 <b>Transaction ID : EXPB108792</b>
City Roseville	State CA	
Zip Code 95678	Purpose of Disbursement STORAGE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	980.96
<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 337 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 70.90
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB108772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 2.10
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB108773
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. DAVID BAUER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 900.45
City SACRAMENTO State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	
Candidate Name		Transaction ID : EXPB108226
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	973.45
<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 338 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED COMMUNICATIONS**

Mailing Address P. O. BOX 30697

City LOS ANGELES State CA Zip Code 90030

Purpose of Disbursement PHONE SVC. Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 18 / 2014

Amount of Each Disbursement this Period 267.78

Transaction ID : EXPB108225

Full Name (Last, First, Middle Initial)

**B. PAYPAL**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement MERCHANT FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 18 / 2014

Amount of Each Disbursement this Period 9.35

Transaction ID : EXPB108774

Full Name (Last, First, Middle Initial)

**C. PAYPAL**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement MERCHANT FEE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 08 / 19 / 2014

Amount of Each Disbursement this Period 87.37

Transaction ID : EXPB108775

**SUBTOTAL** of Disbursements This Page (optional)..... 364.50

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.93 <b>Transaction ID : EXPB108776</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 133.51 <b>Transaction ID : EXPB108777</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. SALESFORCE.COM</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 1 MARKET ST. #300		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : EXPB108795</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement SOFTWARE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	509.44
<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 340 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address P. O. BOX 5025		Amount of Each Disbursement this Period 374.12 <b>Transaction ID : EXPB108444</b>
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Disbursement PHONE SVC	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T MOBILITY</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address P. O. BOX 6463		Amount of Each Disbursement this Period 116.38 <b>Transaction ID : EXPB108442</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement PHONE SVC	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T MOBILITY</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2014
Mailing Address P. O. BOX 537104		Amount of Each Disbursement this Period 85.77 <b>Transaction ID : EXPB108443</b>
City ATLANTA	State GA	
Zip Code 30353	Purpose of Disbursement PHONE SVC	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	576.27
<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 341 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. CAPITAL DEVELOPMENT STRATEGIES**

Mailing Address 1127 11TH ST. #310

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 150.00

Transaction ID : EXPB108441

Category/Type: 003

Full Name (Last, First, Middle Initial)  
**B. FEDEX**

Mailing Address P. O. BOX 7221

City PASADENA State CA Zip Code 91109

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 11.87

Transaction ID : EXPB108796

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. PAYPAL**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 4.43

Transaction ID : EXPB108778

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 166.30

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 342 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE CATALYST GROUP RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 600 PENNSYLVANIA AVE. #330		Amount of Each Disbursement this Period 6071.42 <b>Transaction ID : EXPB108440</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING COMMISSION Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE MONACO GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 15795.94 <b>Transaction ID : EXPB108439</b>
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement MASS MAIL Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 534.00 <b>Transaction ID : EXPB108800</b>
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement FUNDRAISING EVENT Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22401.36
<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 343 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 312 N. SUNRISE BLVD.			Amount of Each Disbursement this Period 45.45	
City Roseville	State CA	Zip Code 95661	Transaction ID : EXPB108799	
Purpose of Disbursement SUPPLIES		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 5.60	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108779	
Purpose of Disbursement MERCHANT FEE		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MAILCHIMP.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 512 MEANS ST. #404			Amount of Each Disbursement this Period 225.00	
City ATLANTA	State GA	Zip Code 30318	Transaction ID : EXPB108802	
Purpose of Disbursement BROADCAST E-MAIL		004 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	276.05
<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 344 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 44.56
City San Jose	State CA Zip Code 95125	
Purpose of Disbursement MERCHANT FEE	Category/Type 001	<b>Transaction ID : EXPB108780</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. POSTMASTER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 4120 DOUGLAS BLVD.		Amount of Each Disbursement this Period 98.00
City GRANITE BAY	State CA Zip Code 95746	
Purpose of Disbursement POSTAGE	Category/Type 001	<b>Transaction ID : EXPB108803</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 450.20
City SACRAMENTO	State CA Zip Code 95838	
Purpose of Disbursement AIRFARE	Category/Type 002	<b>Transaction ID : EXPB108801</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	592.76
<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 345 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CALIF. STATE DISBURSEMENT UNIT</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address P. O. BOX 989067		Amount of Each Disbursement this Period 1894.12
City WEST SACRAMENTO State CA Zip Code 95798	Purpose of Disbursement SUPPORT PAYMENT 001 Category/Type	
Candidate Name		Transaction ID : EXPB108571
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. EMPLOYMENT DEVELOPMENT DEPT.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address P. O. BOX 826276		Amount of Each Disbursement this Period 371.40
City SACRAMENTO State CA Zip Code 94230	Purpose of Disbursement TAXES 001 Category/Type	
Candidate Name		Transaction ID : EXPB108574
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 12.60
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING 001 Category/Type	
Candidate Name		Transaction ID : EXPB108808
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2278.12
<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 346 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. JON HUEY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address PO BOX 1198		Amount of Each Disbursement this Period 2037.97 <b>Transaction ID : EXPB108568</b>
City ROCKLIN	State CA	
Zip Code 95677	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. INTERNAL REVENUE SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 263.97 <b>Transaction ID : EXPB108572</b>
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. INTERNAL REVENUE SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address		Amount of Each Disbursement this Period 3095.62 <b>Transaction ID : EXPB108573</b>
City OGDEN	State UT	
Zip Code 84201	Purpose of Disbursement TAXES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5397.56
<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 347 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 312 N. SUNRISE BLVD.		Amount of Each Disbursement this Period 29.01 <b>Transaction ID : EXPB108806</b>
City Roseville	State CA	
Zip Code 95661	Purpose of Disbursement SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 7.43 <b>Transaction ID : EXPB108781</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 330 VERNON ST.		Amount of Each Disbursement this Period 495.22 <b>Transaction ID : EXPB108805</b>
City ROSEVILLE	State CA	
Zip Code 95678	Purpose of Disbursement POSTAGE	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	531.66
<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 348 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW REED</b>			Date of Disbursement MM / DD / YYYY 08 / 28 / 2014	
Mailing Address 2480 QUIVER DR.			Amount of Each Disbursement this Period 848.33	
City IONE	State CA	Zip Code 95640	Transaction ID : EXPB108570	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Mr. Joseph Yocca Jr.</b>			Date of Disbursement MM / DD / YYYY 08 / 28 / 2014	
Mailing Address 4697 YORKSHIRE WAY			Amount of Each Disbursement this Period 977.83	
City GRANITE BAY	State CA	Zip Code 95746	Transaction ID : EXPB108569	
Purpose of Disbursement PAYROLL		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 8.75	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB108782	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1834.91
<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 349 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 63.65
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	<b>Transaction ID : EXPB110350</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 469.60
City SACRAMENTO	State CA	
Zip Code 95838	Purpose of Disbursement AIRFARE	<b>Transaction ID : EXPB110294</b>
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOUSE GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address HOUSE OF REPRESENTATIVES		Amount of Each Disbursement this Period 104.40
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement GIFTS FOR FUNDRAISER	<b>Transaction ID : EXPB110295</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	637.65
<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 350 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 148.50 <b>Transaction ID : EXPB110351</b>
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHASE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 801 K ST. #110		Amount of Each Disbursement this Period 166.78 <b>Transaction ID : EXPB110349</b>
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement BANK FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 12.60 <b>Transaction ID : EXPB110298</b>
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	327.88
<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 351 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. PAYPAL**

Full Name (Last, First, Middle Initial)  
Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 04 / 2014

Amount of Each Disbursement this Period  
255.60

Transaction ID : EXPB110352

Category/Type: 001

**B. DELUXE BUSINESS FORMS**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. BOX 742572

City CINCINNATI State OH Zip Code 45274

Purpose of Disbursement  
SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 05 / 2014

Amount of Each Disbursement this Period  
167.37

Transaction ID : EXPB110348

Category/Type: 001

**C. FRY'S ELECTRONICS**

Full Name (Last, First, Middle Initial)  
Mailing Address 180 N. SUNRISE AVE.

City ROSEVILLE State CA Zip Code 95661

Purpose of Disbursement  
SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 05 / 2014

Amount of Each Disbursement this Period  
286.95

Transaction ID : EXPB110299

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 709.92

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 352 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 91.00
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	<b>Transaction ID : EXPB110354</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 25.50
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	<b>Transaction ID : EXPB110353</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 0.41
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	<b>Transaction ID : EXPB110355</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	116.91
<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 353 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BLUE POINT LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 35311 N. 92ND WAY		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : EXPB108662</b>
City SCOTTSDALE	State AZ	
Zip Code 85262	Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CONSOLIDATED COMMUNICATIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address P. O. BOX 30697		Amount of Each Disbursement this Period 267.01 <b>Transaction ID : EXPB108664</b>
City LOS ANGELES	State CA	
Zip Code 90030	Purpose of Disbursement PHONE SVC.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FIA CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address P. O. BOX 15716		Amount of Each Disbursement this Period 163.52 <b>Transaction ID : EXPB108663</b>
City WILMINGTON	State DE	
Zip Code 19886	Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6430.53
<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 354 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STOR N LOK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 21 MASSIE CT.		Amount of Each Disbursement this Period 140.00
City SACRAMENTO	State CA	
Zip Code 95828	Purpose of Disbursement STORAGE	Transaction ID : EDTB307EXPB108663 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 8.44
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement MEETING	Transaction ID : EDTB308EXPB108663 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CITY OF SACRAMENTO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 1011 I ST.		Amount of Each Disbursement this Period 4.50
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement PARKING	Transaction ID : EDTB309EXPB108663 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<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 355 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 312 N. SUNRISE BLVD.		Amount of Each Disbursement this Period 22.03
City Roseville	State CA	
Zip Code 95661	Purpose of Disbursement SUPPLIES	<b>Transaction ID : EXPB110303</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 330 VERNON ST.		Amount of Each Disbursement this Period 68.60
City ROSEVILLE	State CA	
Zip Code 95678	Purpose of Disbursement POSTAGE	<b>Transaction ID : EXPB110304</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 5515 PACIFIC ST		Amount of Each Disbursement this Period 8.60
City Rocklin	State CA	
Zip Code 95677	Purpose of Disbursement POSTAGE	<b>Transaction ID : EXPB110302</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.23
<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 356 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 592.19
City Sacramento	State CA Zip Code 95838	
Purpose of Disbursement AIRFARE	Category/Type 002	<b>Transaction ID : EXPB110301</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KATIE USSERY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 4240 SE 17TH ST.		Amount of Each Disbursement this Period 2000.00
City DES MOINES	State IA Zip Code 50310	
Purpose of Disbursement CAMPAIGN CONSULTING	Category/Type 001	<b>Transaction ID : EXPB108665</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 104.60
City San Jose	State CA Zip Code 95125	
Purpose of Disbursement MERCHANT FEE	Category/Type 001	<b>Transaction ID : EXPB110356</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2696.79
<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 357 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE MONACO GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 1011 S. LINWOOD AVE.			Amount of Each Disbursement this Period 621.00	
City SANTA ANA	State CA	Zip Code 92705	Transaction ID : EXPB108683	
Purpose of Disbursement SUPPLIES		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. VOTE RITE SYSTEMS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014	
Mailing Address 3440 VIKING DR. #105			Amount of Each Disbursement this Period 1174.60	
City SACRAMENTO	State CA	Zip Code 95827	Transaction ID : EXPB108682	
Purpose of Disbursement DATA PROCESSING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014	
Mailing Address 2145 Hamilton Avenue			Amount of Each Disbursement this Period 5.05	
City San Jose	State CA	Zip Code 95125	Transaction ID : EXPB110357	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1800.65
<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 358 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ZINFANDEL CENTER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2220 DOUGLAS BLVD. #280		Amount of Each Disbursement this Period 1993.50 <b>Transaction ID : EXPB108684</b>
City ROSEVILLE	State CA	
Zip Code 95661	Purpose of Disbursement RENT	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 25.29 <b>Transaction ID : EXPB110358</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 11.82 <b>Transaction ID : EXPB110307</b>
City PASADENA	State CA	
Zip Code 91109	Purpose of Disbursement SHIPPING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2030.61
<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 359 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. JON HUEY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO BOX 1198		Amount of Each Disbursement this Period 2037.97 <b>Transaction ID : EXPB108752</b>
City ROCKLIN	State CA	
Zip Code 95677	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. THOMAS MCCLINTOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2601 MARINA POINT LN.		Amount of Each Disbursement this Period 543.37 <b>Transaction ID : EXPB108757</b>
City Elk Grove	State CA	
Zip Code 95672	Purpose of Disbursement MILEAGE	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 25.87 <b>Transaction ID : EXPB110359</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2607.21
<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 360 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW REED</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 2480 QUIVER DR.		Amount of Each Disbursement this Period 848.33 <b>Transaction ID : EXPB108754</b>
City IONE State CA Zip Code 95640	Purpose of Disbursement PAYROLL Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SIGN KING OF ARIZONA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 325 S. WESTWOOD DR. #1		Amount of Each Disbursement this Period 4125.00 <b>Transaction ID : EXPB108758</b>
City MESA State AZ Zip Code 85210	Purpose of Disbursement SIGNS Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TIM MACY &amp; ASSOC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 1831 IRON POINT RD. #120		Amount of Each Disbursement this Period 561.37 <b>Transaction ID : EXPB108755</b>
City FOLSOM State CA Zip Code 95630	Purpose of Disbursement MASS MAIL Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5534.70
<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 361 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mr. Joseph Yocca Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 4697 YORKSHIRE WAY		Amount of Each Disbursement this Period 995.24 <b>Transaction ID : EXPB108753</b>
City GRANITE BAY	State CA	
Zip Code 95746	Purpose of Disbursement PAYROLL	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 19.01 <b>Transaction ID : EXPB110360</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 6.30 <b>Transaction ID : EXPB110361</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1020.55
<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 362 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 312 N. SUNRISE BLVD.		Amount of Each Disbursement this Period 285.86 <b>Transaction ID : EXPB110308</b>
City Roseville	State CA	
Zip Code 95661	Purpose of Disbursement SUPPLIES	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 8.93 <b>Transaction ID : EXPB110362</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PUBLIC STORAGE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 715 CIRBY WAY		Amount of Each Disbursement this Period 67.00 <b>Transaction ID : EXPB110310</b>
City Roseville	State CA	
Zip Code 95678	Purpose of Disbursement STORAGE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	361.79
<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 363 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 422.20
City SACRAMENTO	State CA	
Zip Code 95838	Purpose of Disbursement AIRFARE	<b>Transaction ID : EXPB110309</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THE MONACO GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 9505.01
City SANTA ANA	State CA	
Zip Code 92705	Purpose of Disbursement MASS MAIL	<b>Transaction ID : EXPB108851</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 1225 8TH ST. #425		Amount of Each Disbursement this Period 16.75
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement MERCHANT FEE	<b>Transaction ID : EXPB108875</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9943.96
<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 364 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. METRO PCS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014		
Mailing Address 2363 NORTHGATE BLVD.			Amount of Each Disbursement this Period 25.00		
City Sacramento	State CA	Zip Code 95834	Transaction ID : EXPB110313		
Purpose of Disbursement PHONE SVC		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. METRO PCS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014		
Mailing Address 2363 NORTHGATE BLVD.			Amount of Each Disbursement this Period 25.00		
City Sacramento	State CA	Zip Code 95834	Transaction ID : EXPB110312		
Purpose of Disbursement PHONE SVC		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>C. METRO PCS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014		
Mailing Address 2363 NORTHGATE BLVD.			Amount of Each Disbursement this Period 25.00		
City Sacramento	State CA	Zip Code 95834	Transaction ID : EXPB110315		
Purpose of Disbursement PHONE SVC		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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 365 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. METRO PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 2363 NORTHGATE BLVD.		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : EXPB110314</b>
City Sacramento	State CA	
Zip Code 95834	Purpose of Disbursement PHONE SVC	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. METRO PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 2363 NORTHGATE BLVD.		Amount of Each Disbursement this Period 167.68 <b>Transaction ID : EXPB110311</b>
City Sacramento	State CA	
Zip Code 95834	Purpose of Disbursement PHONE SVC	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 87.09 <b>Transaction ID : EXPB110363</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	279.77
<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 366 OF 382			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 58.36 <b>Transaction ID : EXPB110364</b>
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. U.S. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2014
Mailing Address 5515 PACIFIC ST		Amount of Each Disbursement this Period 196.00 <b>Transaction ID : EXPB110316</b>
City Rocklin State CA Zip Code 95677	Purpose of Disbursement POSTAGE 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 300 FIRST ST. SE		Amount of Each Disbursement this Period 173.47 <b>Transaction ID : EXPB110318</b>
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement MEETING 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	427.83
<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 367 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 72.16
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB110365
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 247.40
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB110366
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. U.S. POSTAL SVC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 2000 ROYAL OAKS DR.		Amount of Each Disbursement this Period 500.00
City SACRAMENTO State CA Zip Code 95813	Purpose of Disbursement POSTAGE	
Candidate Name		Transaction ID : EXPB109202
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	819.56
<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 368 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. PAYPAL**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 20 / 2014

Amount of Each Disbursement this Period  
7.30

Transaction ID : EXPB110367

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**B. PAYPAL**

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 21 / 2014

Amount of Each Disbursement this Period  
4.00

Transaction ID : EXPB110368

Category/Type  
001

Full Name (Last, First, Middle Initial)  
**C. FEDEX**

Mailing Address P. O. BOX 7221

City PASADENA State CA Zip Code 91109

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 22 / 2014

Amount of Each Disbursement this Period  
11.82

Transaction ID : EXPB110325

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 23.12

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 369 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1927 DOUGLAS BLVD.		Amount of Each Disbursement this Period 5.68
City ROSEVILLE State CA Zip Code 95661	Purpose of Disbursement PRINTING 001 Category/Type	
Candidate Name		Transaction ID : EXPB110323
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FOLSOM SYMPHONY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1024 IRON POINT RD.		Amount of Each Disbursement this Period 250.00
City FOLSOM State CA Zip Code 95630	Purpose of Disbursement CHARITABLE DONATION 012 Category/Type	
Candidate Name		Transaction ID : EXPB110321
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HOUSE GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address HOUSE OF REPRESENTATIVES		Amount of Each Disbursement this Period 208.00
City Washington State DC Zip Code 20515	Purpose of Disbursement GIFTS FOR FUNDRAISER 003 Category/Type	
Candidate Name		Transaction ID : EXPB110322
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	463.68
<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 370 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. METRO PCS**

Mailing Address 2363 NORTHGATE BLVD.

City Sacramento State CA Zip Code 95834

Purpose of Disbursement PHONE SVC Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 23 / 2014

Amount of Each Disbursement this Period 25.00

Transaction ID : EXPB110329

Full Name (Last, First, Middle Initial)  
**B. METRO PCS**

Mailing Address 2363 NORTHGATE BLVD.

City Sacramento State CA Zip Code 95834

Purpose of Disbursement PHONE SVC Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 23 / 2014

Amount of Each Disbursement this Period 25.00

Transaction ID : EXPB110330

Full Name (Last, First, Middle Initial)  
**C. METRO PCS**

Mailing Address 2363 NORTHGATE BLVD.

City Sacramento State CA Zip Code 95834

Purpose of Disbursement PHONE SVC Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 09 / 23 / 2014

Amount of Each Disbursement this Period 167.68

Transaction ID : EXPB110326

**SUBTOTAL** of Disbursements This Page (optional) ..... 217.68

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 371 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

**A. METRO PCS**

Full Name (Last, First, Middle Initial)

Mailing Address 2363 NORTHGATE BLVD.

City Sacramento State CA Zip Code 95834

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : EXPB110327

Category/Type: 001

**B. METRO PCS**

Full Name (Last, First, Middle Initial)

Mailing Address 2363 NORTHGATE BLVD.

City Sacramento State CA Zip Code 95834

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : EXPB110328

Category/Type: 001

**C. EFUNDRAISING.COM**

Full Name (Last, First, Middle Initial)

Mailing Address 1225 8TH ST. #425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2014

Amount of Each Disbursement this Period: 93.62

Transaction ID : EXPB109597

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 143.62

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 372 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 42.60
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB110369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. OFFICE MAX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 312 N. SUNRISE BLVD.		Amount of Each Disbursement this Period 21.50
City Roseville State CA Zip Code 95661	Purpose of Disbursement SUPPLIES	
Candidate Name		Transaction ID : EXPB110333
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 7.25
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE	
Candidate Name		Transaction ID : EXPB110370
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.35
<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 373 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 107.34 <b>Transaction ID : EXPB110371</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 17.51 <b>Transaction ID : EXPB110372</b>
City San Jose	State CA	
Zip Code 95125	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 11.82 <b>Transaction ID : EXPB110346</b>
City PASADENA	State CA	
Zip Code 91109	Purpose of Disbursement SHIPPING	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.67
<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 374 OF 382			
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MAILCHIMP.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 512 MEANS ST. #404		Amount of Each Disbursement this Period 220.00 <b>Transaction ID : EXPB110339</b>
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement BROADCAST E-MAIL Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 244.17 <b>Transaction ID : EXPB110373</b>
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. POSTAL SERVICE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 330 VERNON ST.		Amount of Each Disbursement this Period 12.65 <b>Transaction ID : EXPB110341</b>
City ROSEVILLE State CA Zip Code 95678	Purpose of Disbursement POSTAGE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	476.82
<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 375 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 31.00
City Sacramento State CA Zip Code 95838	Purpose of Disbursement AIRFARE Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB110345
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 200.00
City Sacramento State CA Zip Code 95838	Purpose of Disbursement AIRFARE Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB110342
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 34.00
City Sacramento State CA Zip Code 95838	Purpose of Disbursement AIRFARE Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : EXPB110343
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	265.00
<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 376 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 81.00
City Sacramento	State CA Zip Code 95838	
Purpose of Disbursement AIRFARE	Category/Type 002	<b>Transaction ID : EXPB110344</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL CITY CHEF</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 300 KNOLLRIDGE CT.		Amount of Each Disbursement this Period 1550.00
City EL DORADO HILLS	State CA Zip Code 95762	
Purpose of Disbursement CATERING	Category/Type 003	<b>Transaction ID : EXPB110127</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1225 8TH ST. #425		Amount of Each Disbursement this Period 125.50
City SACRAMENTO	State CA Zip Code 95814	
Purpose of Disbursement MERCHANT FEE	Category/Type 001	<b>Transaction ID : EXPB110456</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1756.50
<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 377 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 791.13 <b>Transaction ID : EXPB110347</b>
City PASADENA State CA Zip Code 91109	Purpose of Disbursement SHIPPING Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 2145 Hamilton Avenue		Amount of Each Disbursement this Period 426.28 <b>Transaction ID : EXPB110374</b>
City San Jose State CA Zip Code 95125	Purpose of Disbursement MERCHANT FEE Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1217.41
<b>TOTAL</b> This Period (last page this line number only).....	165932.82

**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 378 OF 382			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ROGER ALVES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 3283 CALLE DE DEBESA		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : EXPB107715</b>
City CAMARILLO State CA Zip Code 93010	Purpose of Disbursement Check not deposited 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MRS. SCOTIA ALVES</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 3283 CALLE DE DEBESA		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : EXPB107714</b>
City CAMARILLO State CA Zip Code 93010	Purpose of Disbursement Check not deposited 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MRS. NANCY ROTH</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 8545 CARMEL VALLEY RD		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : EXPB110023</b>
City CARMEL State CA Zip Code 93923	Purpose of Disbursement REFUND 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2900.00
<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 379 OF 382	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MR. TIM BURKE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 8500 LINDA CREEK CT		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB108625</b>
City ORANGEVALE State CA Zip Code 95662	Purpose of Disbursement REFUND 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MR. DANIEL BLATT</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 7970 S LAKE CIR		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : EXPB109828</b>
City GRANITE BAY State CA Zip Code 95746	Purpose of Disbursement REFUND 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MRS. NANCY ROTH</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 8545 CARMEL VALLEY RD		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : EXPB110024</b>
City CARMEL State CA Zip Code 93923	Purpose of Disbursement REFUND 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<b>TOTAL</b> This Period (last page this line number only).....	5600.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 380 OF 382	
	<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)  
**MCCLINTOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NEVADA COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 12 / 2014</b>
Mailing Address P. O. BOX 403		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : EXPB108756</b>
City GRASS VALLEY State CA Zip Code 95943	Purpose of Disbursement TRANSFER OF UNNEEDED FUNDS Category/Type <b>008</b>	
Candidate Name <b>NEVADA COUNTY REPUBLICAN PARTY</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>500.00</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**MCCLINTOCK FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ALTICOR**

Mailing Address 419 NEW JERSEY AVE. SE

City State Zip Code  
WASHINGTON DC 20003

Nature of Debt (Purpose):  
FACILITY RENTAL

Outstanding Balance Beginning This Period **150.00** Transaction ID : **PAYD106885**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **150.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CAPITAL DEVELOPMENT STRATEGIES**

Mailing Address 1127 11TH ST. #310

City State Zip Code  
SACRAMENTO CA 95814

Nature of Debt (Purpose):  
FUNDRAISING CONSULTING

Outstanding Balance Beginning This Period **300.46** Transaction ID : **PAYD107009**

Amount Incurred This Period **0.00** Payment This Period **300.46** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**CAPITAL DEVELOPMENT STRATEGIES**

Mailing Address 1127 11TH ST. #310

City State Zip Code  
SACRAMENTO CA 95814

Nature of Debt (Purpose):  
FUNDRAISING EXPENSES

Outstanding Balance Beginning This Period **0.00** Transaction ID : **PAYD110137**

Amount Incurred This Period **527.66** Payment This Period **0.00** Outstanding Balance at Close of This Period **527.66**

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>677.66</b>
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**

(Use separate schedule(s) for each numbered line)	PAGE 382 OF 382
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**MCCLINTOCK FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAPITOL CELLARS</b>	Nature of Debt (Purpose): WINE FOR FUNDRAISER
Mailing Address 5530 DOUGLAS BLVD. #170	
City State Zip Code GRANITE BAY CA 95746	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD110128</b>	
Amount Incurred This Period 471.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 471.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE CATALYST GROUP RW, LLC</b>	Nature of Debt (Purpose): CATERING
Mailing Address 600 PENNSYLVANIA AVE. #330	
City State Zip Code Washington DC 20003	

Outstanding Balance Beginning This Period 338.36	<b>Transaction ID : PAYD106884</b>	
Amount Incurred This Period 0.00	Payment This Period 338.36	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THE CATALYST GROUP RW, LLC</b>	Nature of Debt (Purpose): FUNDRAISING MEETING
Mailing Address 600 PENNSYLVANIA AVE. #330	
City State Zip Code Washington DC 20003	

Outstanding Balance Beginning This Period 239.04	<b>Transaction ID : PAYD107006</b>	
Amount Incurred This Period 0.00	Payment This Period 239.04	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	471.50
2) <b>TOTALS</b> This Period (last page this line number only) .....	1149.16
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) ▶	1149.16