

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

REC'D
FEC MAIL CENTER

2019 JUL 12 PM 12:01

Office Use Only

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

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street) R.O. BOX 3263

Check if different than previously reported. (ACC) NAPA CA 94558-2501

2. FEC IDENTIFICATION NUMBER C004155659 CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR AMENDED (A) **TO CORRECT ADDITIONAL ERROR**

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on MM / DD / VVVVVV in the State of

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

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

Election on MM / DD / VVVVVV in the State of

5. Covering Period MM / DD / VVVVVV 2019 through MM / DD / VVVVVV 2019

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 JOSEPH BLEVINS

Signature of Treasurer Joseph Blevins Date MM / DD / VVVVVV 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

01 01 2019

To:

03 31 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		4182.00
(b) Cash on Hand at Beginning of Reporting Period.....	4182.00	
(c) Total Receipts (from Line 19).....	5875.00	5875.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10057.00	10057.00
7. Total Disbursements (from Line 31).....	7552.00	7552.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2505.00	2505.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



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

For further information contact:

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

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

NOT FOR FEDERAL GOVERNMENT

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From:

01 / 01 / 2019

To:

03 / 31 / 2019

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

1,595.00

1,595.00

(ii) Unitemized
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

00.00

00.00

1,595.00

1,595.00

(b) Political Party Committees
(c) Other Political Committees (such as PACs).....

587.50

587.50

00.00

00.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

7470.00

7470.00

12. Transfers From Affiliated/Other Party Committees.....

00.00

00.00

13. All Loans Received.....

00.00

00.00

14. Loan Repayments Received.....

00.00

00.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

00.00

00.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

00.00

00.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

00.00

00.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

00.00

00.00

(b) Levin Funds (from Schedule H5).....

00.00

00.00

(c) Total Transfers (add 18(a) and 18(b))..

00.00

00.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

7470.00

7470.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

7470.00

7470.00

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	75,999.00	75,999.00
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75,999.00	75,999.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements (Including Non-Federal Donations)	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)	75,522 ?	
(i) Federal Share	75,999.00	75,999.00
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	75,999.00	75,999.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	75,999.00	75,999.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75,999.00	75,999.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	75,999.00	75,999.00

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7,470.00	7,470.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,470.00	7,470.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7,599.00	7,599.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	00.00	00.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7,599.00	7,599.00

20160920 10:10:10 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 6 OF 14	
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	12
				<input type="checkbox"/>	15
				<input type="checkbox"/>	16
				<input type="checkbox"/>	17

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

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

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

Mailing Address
P.O. BOX 633

City **LUCERNE** State **CA** Zip Code **95458**

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

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

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

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

Date of Receipt
03 / 21 / 2019

Amount of Each Receipt this Period
1,000.00

Memo Item

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

Mailing Address
P.O. BOX 1546

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

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

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

Receipt For:
 Primary General
 Other (specify)

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

Date of Receipt
03 / 22 / 2019

Amount of Each Receipt this Period
1,625.00

Memo Item

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

Mailing Address
P.O. BOX 2093

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

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

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

Receipt For:
 Primary General
 Other (specify)

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

Date of Receipt
03 / 22 / 2019

Amount of Each Receipt this Period
1,625.00

Memo Item

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

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. SONOMA COUNTY REPUBLICAN PARTY

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

Mailing Address: **P.O. BOX 3558**

City: **SANTA ROSA** State: **CA** Zip Code: **95402**

Date of Receipt: **03 27 2019**

FEC ID number of contributing federal political committee: **C00257279**

Amount of Each Receipt this Period: **1625.00**

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

Memo Item

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

Aggregate Year-to-Date: **1625.00**

B. ARAGON, JAMES

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

Mailing Address: **5201 EMERALD BAY COURT**

City: **FAIRFIELD** State: **CA** Zip Code: **94534**

Date of Receipt: **03 29 2019**

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

Amount of Each Receipt this Period: **120.00**

Name of Employer (for Individual): **ARAGON TECH SOLUTIONS** Occupation (for Individual): **INSTRUCTOR**

Memo Item

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

Aggregate Year-to-Date: **120.00**

C. BRIDGES, DAVID

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

Mailing Address: **497 MONTECITO BLVD**

City: **NAPA** State: **CA** Zip Code: **94559**

Date of Receipt: **03 30 2019**

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

Amount of Each Receipt this Period: **250.00**

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

Memo Item

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

Aggregate Year-to-Date: **250.00**

SUBTOTAL of Receipts This Page (optional) **1995.00**

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

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

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

FOR LINE NUMBER: PAGE **8** OF **14**
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

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

Mailing Address
1370 GARDEN AVE

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

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

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

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

Aggregate Year-to-Date **160.00**

Date of Receipt **03 30 2019**

Amount of Each Receipt this Period **160.00**

Memo Item

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

Mailing Address
P.O. BOX 2213

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

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

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

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

Aggregate Year-to-Date **240.00**

Date of Receipt **03 30 2019**

Amount of Each Receipt this Period **240.00**

Memo Item

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

Mailing Address
2057 W. PUERTO AVE

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

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

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

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

Aggregate Year-to-Date **375.00**

Date of Receipt **03 30 2019**

Amount of Each Receipt this Period **375.00**

Memo Item

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
HELEN NELSON

Mailing Address
1326 SYLVANER AVE.

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

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

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

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

Aggregate Year-to-Date **170.00**

Date of Receipt
03/31/2019

Amount of Each Receipt this Period
170.00

B. Full Name (Last, First, Middle Initial)
MARTHA GREEN

Mailing Address
1600 PHILLIPS ROAD

City **YUBA CITY** State **CA** Zip Code **95991**

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

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

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

Aggregate Year-to-Date **240.00**

Date of Receipt
03/31/2019

Amount of Each Receipt this Period
240.00

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)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

20190331 10:00 AM

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) **D'SOUZA, DINESH MEDIA**

Mailing Address **4655 CASS STREET, STE. 304**

City **SAN DIEGO** State **CA** Zip Code **92109**

Purpose of Disbursement **DEPOSIT FOR SPEAKING ENGAGEMENT**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **03 / 22 / 2019**

FEC Identification Number **C**

Amount of Each Disbursement this Period **5,000.00**

Memo Item

B. Full Name (Last, First, Middle Initial) **BRANDON STRAKA**

Mailing Address **1877 LEXINGTON AVE STE 242**

City **NEW YORK** State **NY** Zip Code **10035**

Purpose of Disbursement **DEPOSIT FOR SPEAKING ENGAGEMENT**

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement **03 / 22 / 2019**

FEC Identification Number **C**

Amount of Each Disbursement this Period **2,500.00**

Memo Item

C. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement _____

FEC Identification Number **C**

Amount of Each Disbursement this Period _____

Memo Item

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

TOTAL This Period (last page this line number only)..... ▶ **7,500.00**

20190510 10:00 AM

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **11** OF **14**

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / D / Y

M / D / Y

M / D / Y

M / D / Y

M / D / Y

M / D / Y

% (apr)

Yes No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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

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

20160501 10:11:00 AM

ADONE

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

P. 12 OF 14

Supplementary for Information found on Page of Schedule C

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE	FEC IDENTIFICATION NUMBER C 00 455659
--	---

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

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

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

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

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

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

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

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

G. COMMITTEE TREASURER
Typed Name
Signature
DATE

H. Attach a signed copy of the loan agreement.

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

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title
DATE

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

	9
	10

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

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

Outstanding Balance Beginning This Period

\$	9999999999
----	------------

Amount Incurred This Period

\$	9999999999
----	------------

Payment This Period

\$	9999999999
----	------------

Outstanding Balance at Close of This Period

\$	9999999999
----	------------

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

Outstanding Balance Beginning This Period

\$	9999999999
----	------------

Amount Incurred This Period

\$	9999999999
----	------------

Payment This Period

\$	9999999999
----	------------

Outstanding Balance at Close of This Period

\$	9999999999
----	------------

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

Outstanding Balance Beginning This Period

\$	9999999999
----	------------

Amount Incurred This Period

\$	9999999999
----	------------

Payment This Period

\$	9999999999
----	------------

Outstanding Balance at Close of This Period

\$	9999999999
----	------------

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

\$	9999999999
\$	9999999999
\$	9999999999
\$	9999999999

NOT FOR FILING OR RECORDING

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

PAGE 14 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
<u>NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE</u>		<u>C00455659</u>
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report <input type="checkbox"/> Amends report filed on
		<input type="checkbox"/> MEM/ <input type="checkbox"/> DED/ <input type="checkbox"/> YYYYEY

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

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

ADDED

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<input type="checkbox"/> MEM/ <input type="checkbox"/> DED/ <input type="checkbox"/> YYYYEY
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	<input type="checkbox"/> MEM/ <input type="checkbox"/> DED/ <input type="checkbox"/> YYYYEY
(a) TOTAL Independent Expenditures	▶	<input type="checkbox"/> MEM/ <input type="checkbox"/> DED/ <input type="checkbox"/> YYYYEY

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

Signature _____ Date MEM/DED/YYYYEY

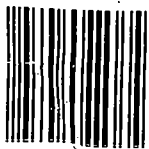
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