

# 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

STRICKLAND FOR CONGRESS

ADDRESS (number and street) PO BOX 630446

Check if different than previously reported. (ACC)

SIMI VALLEY

CA

93063

2. **FEC IDENTIFICATION NUMBER** ▼

C C00543165

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CA

25

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /  through  /  /

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 BRADLEY CRATE

Signature of Treasurer BRADLEY CRATE

[Electronically Filed]

Date

/  /

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

**STRICKLAND 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))....	410889.88	882032.88
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	410889.88	882032.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	172973.43	253741.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	172973.43	253741.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	656188.00	
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).....	0.00	

**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

**STRICKLAND 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).....	320689.88	721764.88
(ii) Unitemized.....	0.00	8318.00
(iii) TOTAL of contributions from individuals ▶	320689.88	730082.88
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	90200.00	151950.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	410889.88	882032.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	27896.13
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.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	410889.88	909929.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	172973.43	253741.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	172973.43	253741.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	418271.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	410889.88
25. SUBTOTAL (add Line 23 and Line 24).....	829161.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	172973.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	656188.00

**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 5 OF 214
	<input 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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JILL ABELE**

Mailing Address 5968 PUMA COURT

City State Zip Code  
SIMI VALLEY CA 93063

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

Name of Employer Occupation  
FARMERS INSURANCE MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : SA11AI.5208**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**LAURENCE ABRAMSON**

Mailing Address 3921 ROCK HAMPTON DRIVE

City State Zip Code  
TARZANA CA 91356

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

Name of Employer Occupation  
KEYES MOTORS, INC. MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5210**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**LUISA ACOSTA - FRANCO**

Mailing Address 4392 HAYVENHURST AVE.

City State Zip Code  
ENCINO CA 91436

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP VP/HEAD OF MULTICULTURAL RECRUITING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5212**

Amount of Each Receipt this Period

125.00

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

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

875.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO BOX 712051**

City **LOS ANGELES** State **CA** Zip Code **90071**

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

Name of Employer **MERRILL LYNCH WEALTH MANAGEMENT** Occupation **FINANCIAL ADVISOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 23 / 2014**

**Transaction ID : SA11AI.5214**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**EMANUEL AFTERGUT**

Mailing Address **5451 RADFORD AVENUE**

City **VALLEY VILLAGE** State **CA** Zip Code **91607**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.5216**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address **4671 MIDDLE FORK CIRCLE**

City **WESTLAKE VILLAGE** State **CA** Zip Code **91362**

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

Name of Employer **CORPNET, INC.** Occupation **CEO/FOUNDER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11AI.5218**

Amount of Each Receipt this Period  
**1000.00**

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

**TOTAL** 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 7 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DANA ANDERSON**

Mailing Address 401 WILSHIRE BLVD. STE. 700

City State Zip Code  
SANTA MONICA CA 90401

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

Name of Employer Occupation  
THE MACERICH COMPANY VICE CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5219**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SHEILA ARDALAN**

Mailing Address 5382 CIRCLE DRIVE

City State Zip Code  
SHERMAN OAKS CA 91401

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

Name of Employer Occupation  
FREEMAN, FREEMAN, & SMILEY LLP BUSINESS DEVELOPMENT DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5221**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**HENRI PIERRE ARDANTZ**

Mailing Address 2222 ARROWHEAD DR.

City State Zip Code  
SANTA MONICA CA 93455

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

Name of Employer Occupation  
BONIPAK PRODUCE, INC. SENIOR PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5223**

Amount of Each Receipt this Period  
1000.00

**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 8 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN J ASH**

Mailing Address 1351 KINGSBORO CT.

City WESTLAKE VILLAGE State CA Zip Code 91362

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5224**

Amount of Each Receipt this Period  
 1000.00

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**DARIUS ASSEMI**

Mailing Address 1396 W. HERNDON #101

City FRESNO State CA Zip Code 93711

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

Name of Employer GRANVILLE HOMES, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5226**

Amount of Each Receipt this Period  
 2600.00

2600.00

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

Mailing Address 500 SOUTH KRAEMER BOULEVARD  
SUITE 205

City BREA State CA Zip Code 92821

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5228**

Amount of Each Receipt this Period  
 1000.00

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 9 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN H BAINES**

Mailing Address 457 SOUTH MARENGO AVE

City PASADENA State CA Zip Code 91011

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

Name of Employer CAL TECH Occupation RESEARCH SCIENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5229**

Amount of Each Receipt this Period  
 1600.00

5200.00

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES G BAKALY**

Mailing Address 480 S. ORANGE GROVE BLVD. 18

City PASADENA State CA Zip Code 91105

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

Name of Employer JAMS Occupation VICE PRESIDENT AND MEDIATOR AND ARE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5231**

Amount of Each Receipt this Period  
 500.00

500.00

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

Mailing Address 29169 HEATHERCLIFF RD. #208

City MALIBU State CA Zip Code 90265

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

Name of Employer B.W. BAKER INSURANCE SERVICES, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5235**

Amount of Each Receipt this Period  
 250.00

250.00

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

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

2350.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**WENDY BAKER**

Mailing Address 6260 SEA DRIFT COVE

City MALIBU State CA Zip Code 90265

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

Name of Employer **HOMEMAKER** Occupation **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  
**03 / 24 / 2014**

**Transaction ID : SA11AI.5233**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT BALLEW**

Mailing Address 26915 W. GARRET DR,

City CALABASAS State CA Zip Code 91301

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.5237**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 15186 TIERRA REJADA RD.

City MOORPARK State CA Zip Code 93021

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

Name of Employer **TOM BARBER** Occupation **GOLF PRO**

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  
**03 / 10 / 2014**

**Transaction ID : SA11AI.5238**

Amount of Each Receipt this Period  
**500.00**

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

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

**800.00**

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 104 HESILER COURT

City State Zip Code  
FOLSOM CA 95630

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

Name of Employer Occupation  
CAPG SR. VP GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 16 / 2014

**Transaction ID : SA11AI.5240**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM BARRITT**

Mailing Address 26816 GREY PL.

City State Zip Code  
STEVENSON RANCH CA 91381

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

Name of Employer Occupation  
AEROSPACE DYNAMICS INTERNATIONAL CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 25 / 2014

**Transaction ID : SA11AI.5242**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 433 NORTH CAMDEN DRIVE  
SUITE 1070

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
BLACK EQUITIES GROUP, LTD. INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11AI.5244**

Amount of Each Receipt this Period  
2600.00

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

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

3850.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FRANK E BAXTER**

Mailing Address 11100 SANTA MONICA BOULEVARD

City	State	Zip Code
LOS ANGELES	CA	90025

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

Name of Employer	Occupation
RETIRED	RETIRED

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  
 02 / 11 / 2014

**Transaction ID : SA11AI.5247**

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

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KATHRINE F BAXTER**

Mailing Address 11100 SANTA MONICA BLVD.

City	State	Zip Code
LOS ANGELES	CA	90025

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

Name of Employer	Occupation
RETIRED	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  
 02 / 11 / 2014

**Transaction ID : SA11AI.5246**

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

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

Mailing Address 2181 BROOKFIELD

City	State	Zip Code
THOUSAND OAKS	CA	91362

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

Name of Employer	Occupation
FARMERS INSURANCE	DISTRICT MANAGER

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  
 03 / 12 / 2014

**Transaction ID : SA11AI.5249**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 2250.00

\_\_\_\_\_

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. MRS. ELIZABETH H BECHTEL</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014	
Mailing Address PO BOX 193809		<b>Transaction ID : SA11AI.5251</b>	
City SAN FRANCISCO	State CA	Zip Code 94119	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. TONY BEHRSTOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 1838 SOUTH WESTHOLME AVENUE		<b>Transaction ID : SA11AI.5253</b>	
City LOS ANGELES	State CA	Zip Code 90025	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer COMMONWEALTH LAND TITLE	Occupation VP - NATIONAL SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. NANCY BEISER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 5020 GLORIA AVENUE		<b>Transaction ID : SA11AI.5255</b>	
City ENCINO	State CA	Zip Code 91436	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer BY NANCY	Occupation GRAPHIC DESIGNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3350.00
<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 14 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LI BENTON**

Mailing Address **678 BEND DRIVE**

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

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

Name of Employer **NEXYN CORP.** Occupation **QA MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**15.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : SA11AI.5257**

Amount of Each Receipt this Period  
**15.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALAN E BERLIN**

Mailing Address **PO BOX 5588**

City **BEVERLY HILLS** State **CA** Zip Code **90209**

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

Name of Employer **JULES BERLIN AGENCY** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5259**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**DONALD A BEST**

Mailing Address **PO BOX 2344**

City **CULVER CITY** State **CA** Zip Code **90231**

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

Name of Employer **SELF** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11AI.5261**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1115.00**

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SHERRI BIRD**

Mailing Address 13871 HEWES AVENUE

City State Zip Code  
SANTA ANA CA 92705

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

Name of Employer Occupation  
FIDELITY NATIONAL FINANCIAL MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5262**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL C BLACK**

Mailing Address 5622 DYER STREET, SUITE 200

City State Zip Code  
DALLAS TX 75206

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  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 6418 CROSSWOODS DR.

City State Zip Code  
FALLS CHURCH VA 22044

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

Name of Employer Occupation  
AMGEN SVP, US GOVERNMENT RELATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5266**

Amount of Each Receipt this Period  
1000.00

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

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

1700.00

**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 16 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **9777 WILSHIRE BLVD.**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

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

Name of Employer **HOMEMAKER** Occupation **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  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5270**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **9777 WILSHIRE BLVD.**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

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

Name of Employer **CROWN ASSOCIATES REALTY, INC.** Occupation **INDUSTRIAL REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5268**

Amount of Each Receipt this Period  
**2600.00**

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

Mailing Address **1375 FARREN RD.**

City **GOLETA** State **CA** Zip Code **93117**

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

Name of Employer **CONDOR RIDGE RANCH** Occupation **OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**150.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 18 / 2014**

**Transaction ID : SA11AI.5272**

Amount of Each Receipt this Period  
**150.00**

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

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

**5350.00**



**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT C BOGERT**

Mailing Address 254 BEL AIR RD.

City LOS ANGELES State CA Zip Code 90077

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

Name of Employer RETIRED Occupation 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  
 03 / 25 / 2014

**Transaction ID : SA11AI.5273**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ALEX BOGGS**

Mailing Address 4159 DOVER ROAD

City LA CANADA State CA Zip Code 91011

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

Name of Employer TOWER COMMUNITIES LLC Occupation REAL ESTATES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5275**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 326 LOIRE VALLEY DRIVE

City SIMI VALLEY State CA Zip Code 93065

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

Name of Employer FARMERS INSURANCE Occupation HEAD OF PUBLIC POLICY, RESEARCH, AND

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11AI.5277**

Amount of Each Receipt this Period  
500.00

**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 18 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT BRADWAY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014	
Mailing Address 1 AMGEN CENTER DRIVE MS 38-5-A		<b>Transaction ID : SA11AI.5279</b>	
City THOUSAND OAKS State CA Zip Code 91320	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer AMGEN Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. SANDRA BRESLOW</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address PO BOX 197		<b>Transaction ID : SA11AI.6075</b>	
City WOODLAND HILLS State CA Zip Code 91365	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	Name of Employer SMB INVESTMENTS, FLP. Occupation SELF EMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. BRENT BRICKETT</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 510 1ST STREET		<b>Transaction ID : SA11AI.6095</b>	
City SAINT AUGUSTINE State FL Zip Code 32084	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer FIDELITY NATIONAL FINANCIAL Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<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 19 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JUDITH E BROOKS**

Mailing Address 11530 NORTHDALE DRIVE

City MOORPARK State CA Zip Code 93021

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

Name of Employer **HOMEMAKER** Occupation **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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5283**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**TODD A BROOKS**

Mailing Address 11530 NORTHDALE DRIVE

City MOORPARK State CA Zip Code 93021

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

Name of Employer **FARMERS INSURANCE** Occupation **INSURANCE EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5281**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4233 MOONCREST PLACE

City ENCINO State CA Zip Code 91436

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

Name of Employer **LABRADOR CAPITAL, LLC** Occupation **INVESTMENTS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5285**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DEREK BROWN**

Mailing Address 5265 GENESTA AVENUE

City State Zip Code  
ENCINO CA 91316

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

Name of Employer Occupation  
RETIRED 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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5290**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 23911 PLAZA GAVILAN

City State Zip Code  
VALENCIA CA 91355

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

Name of Employer Occupation  
DESERT SANDS, INC. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.5288**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2164 HIGHGATE ROAD

City State Zip Code  
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation  
THE COMDYN GROUP PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
250.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT BROWN**

Mailing Address 2164 HIGHGATE ROAD

City WESTLAKE VILLAGE State CA Zip Code 91361

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

Name of Employer THE COMDYN GROUP Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11AI.5286**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES BROWNING**

Mailing Address 7024 TREVINO DR.

City MOORPARK State CA Zip Code 93021

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

Name of Employer FARMERS INSURANCE Occupation VICE PRESIDENT, MARKETING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5292**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 1611 GLENMONT DRIVE

City GLENDALE State CA Zip Code 91207

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : SA11AI.5293**

Amount of Each Receipt this Period  
250.00

**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 22 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**GREG P BURKHARDT**

Mailing Address 3932 SOUTHHAMPTON ROAD

City MOORPARK State CA Zip Code 93021

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

Name of Employer GREG BURKHARDT INSURANCE Occupation INSURANCE 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  
 03 / 31 / 2014

**Transaction ID : SA11AI.6091**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE BURROWS**

Mailing Address 25581 VIA PALADAR

City VALENCIA State CA Zip Code 91355

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

Name of Employer REMINGTON PURE Occupation MANUFACTURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 25581 VIA PALADAR

City VALENCIA State CA Zip Code 91355

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

Name of Employer REMINGTON PURE Occupation MANUFACTURER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5296**

Amount of Each Receipt this Period  
2400.00

**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: PAGE 23 OF 214  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 6787 ONYX PLACE

City State Zip Code  
CARLSBAD CA 92009

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

Name of Employer Occupation  
TICOR TITLE COMPANY VP

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5298**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID E BUXTON**

Mailing Address 3440 LOMITA BLVD. SUITE 452

City State Zip Code  
TORRANCE CA 90505

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

Name of Employer Occupation  
SELF REAL ESTATE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5300**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 21848 GROVEPARK DR.

City State Zip Code  
SAUGUS CA 91350

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

Name of Employer Occupation  
TRINITY CLASSICAL ACADEMY SCHOOL ADMINISTRATOR

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5302**

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 24 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 41925 CALLE CALIFORNIOS

City LANCASTER State CA Zip Code 93536

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

Name of Employer RETIRED 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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5304**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL J CASSANEGO**

Mailing Address 5533 GREY FEATHER CT.

City WESTLAKE VILLAGE State CA Zip Code 91362

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

Name of Employer LAW OFFICES OF MICHAEL J. CASSANEGO Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5306**

Amount of Each Receipt this Period  
 150.00

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

Mailing Address 732 NORTH SAN ARDO DRIVE

City BREA State CA Zip Code 92821

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

Name of Employer CHICAGO TITLE COMPANY Occupation SALES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5308**

Amount of Each Receipt this Period  
 250.00

**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 25 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PHILLIP CHASE**

Mailing Address 5374 LONG SHADOW COURT

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer THE CHASE GROUP Occupation HOSPITAL ADMINISTRATOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5309**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3663 VIA DE COSTA

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer MICROWAVE MONOLITHICS Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.5311**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9 MALEA

City LAGUNA NIGUEL State CA Zip Code 92677

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

Name of Employer FIDELITY NATIONAL TITLE GROUP Occupation SVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5313**

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 26 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2122 TORRANCE ST.

City SIMI VALLEY State CA Zip Code 93065

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

Name of Employer FARMERS INSURANCE Occupation DIRECTOR OF SPONSORSHIP OPERATION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5315**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**KATHERINE P CODY**

Mailing Address 3560 NE HARRISON DRIVE

City ISSAQUAH State WA Zip Code 98029

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

Name of Employer FARNERS INSURANCE Occupation HEAD OF DISTRIBUTION FINANCE AND OPI

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5317**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**JEFFREY E COLBY**

Mailing Address 10123 DEERCREEK CLUB RD. E

City JACKSONVILLE State FL Zip Code 32256

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

Name of Employer FIDELITY NATIONAL FINANCIAL Occupation ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5319**

Amount of Each Receipt this Period  
 200.00

**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 27 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**J. DONALD COLE**

Mailing Address 9435 LITA ROAD WEST

City JACKSONVILLE State FL Zip Code 32257

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

Name of Employer FIDELITY NATIONAL FINANCIAL Occupation SENIOR VICE PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5321**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY E CONDIE**

Mailing Address 28490 WESTINGHOUSE PLACE  
SUITE 140

City VALENCIA State CA Zip Code 91355

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

Name of Employer CONDIE & WOOD, C.P.A.'S Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5322**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**P. GREGORY CONLON**

Mailing Address 43 VIRGINIA LN.

City ATHERTON State CA Zip Code 94027

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

Name of Employer SELF Occupation BUSINESS CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.5324**

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 28 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 21255 PLACERITA CANYON RD.

City State Zip Code  
NEWHALL CA 91321

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

Name of Employer Occupation  
MICROSEMI VP BUSINESS DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5326**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GORDON CRAWFORD**

Mailing Address 520 GEORGIAN RAOD

City State Zip Code  
LA CANADA CA 91011

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

Name of Employer Occupation  
CAPITAL RESEARCH GLOBAL INVESTORS PORTFOLIO 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  
 02 / 25 / 2014

**Transaction ID : SA11AI.5328**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4415 PASEO SANTA ROSA

City State Zip Code  
NEWBURY PARK CA 91320

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

Name of Employer Occupation  
TRANSQUEST, INC. OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.5330**

Amount of Each Receipt this Period  
1000.00

**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 29 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

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

Mailing Address 763 HOT SPRINGS RD.

City State Zip Code  
MONTECITO CA 91308

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

Name of Employer Occupation  
LAWYERS TITLE CO. SENIOR VICE 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  
03 / 24 / 2014

**Transaction ID : SA11AI.5332**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**PAUL CROSETTI**

Mailing Address 19738 SEPTO STREET

City State Zip Code  
CHATSWORTH CA 91311

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

Name of Employer Occupation  
FARMERS INSURANCE SALES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2014

**Transaction ID : SA11AI.5334**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 23760 VIA HELINA

City State Zip Code  
VALENCIA CA 91355

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2014

**Transaction ID : SA11AI.5336**

Amount of Each Receipt this Period  
50.00

**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 30 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**L NICOLE CURRIE**

Mailing Address **2308 NORTH COLUMBUS STREET**

City **ARLINGTON** State **VA** Zip Code **22207**

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

Name of Employer **AMGEN** Occupation **DIRECTOR, GOV'T AFFAIRS**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 23 / 2014**

**Transaction ID : SA11AI.5338**

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

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

Mailing Address **121 S. BEVERLY DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

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

Name of Employer **LEGADO COMPANIES** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : SA11AI.5340**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2600.00**

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

Mailing Address **121 S. BEVERLY DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : SA11AI.5342**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2600.00**

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

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

\_\_\_\_\_

\_\_\_\_\_

**6200.00**

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY J DAILEY**

Mailing Address 6311 DREXEL AVE.

City State Zip Code  
LOS ANGELES CA 90048

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

Name of Employer Occupation  
FARMERS INSURANCE CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5345**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN DAILEY**

Mailing Address 6311 DREXEL AVE.

City State Zip Code  
LOS ANGELES CA 90048

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5347**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5216 THREE SPRINGS DRIVE

City State Zip Code  
WESTLAKE VILLAGE CA 91361

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP EVP - CHIEF CLAIMS 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  
 03 / 12 / 2014

**Transaction ID : SA11AI.5349**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**OSWALD DA ROS**

Mailing Address 976 EAST CARRILLO ROAD

City State Zip Code  
SANTA BARABA CA 93103

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5343**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**VINCENT DAVITT**

Mailing Address 3620 FIGUEROA STREET

City State Zip Code  
GLENDALE CA 91206

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MEYLAN DAVITT JAIN AREVIAN & KIM LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5351**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**MR. ERBIE DAW JR**

Mailing Address 1250 DECKSIDE DR.

City State Zip Code  
OXNARD CA 93035

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DAMAT CONSTRUCTION, INC. GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5353**

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 33 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>STEVEN G DAY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 6530 WHITE BLOSSOM CIR		<b>Transaction ID : SA11AI.5355</b>
City JACKSONVILLE	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FIDELITY NATIONAL FINANCIAL	Occupation EXECUTIVE VP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>DAVID DELAPLANE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address PO BOX 940460		<b>Transaction ID : SA11AI.5361</b>
City SEMI VALLEY	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer COMMERCIAL PACIFIC SERVICES	Occupation OWNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00	

Full Name (Last, First, Middle Initial) <b>WANDA DEL CONTE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 760 NEWBURY STREET		<b>Transaction ID : SA11AI.5359</b>
City LIVERMORE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer FIDELITY NATIONAL TITALE	Occupation ESC OPS MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MAKAN DELRAHIM**

Mailing Address 21370 RAMBLA VISTA

City MALIBU State CA Zip Code 90265

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

Name of Employer BROWNSTEIN HYATT FARBER SCHRECK, LL Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.5363**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GERALD DE MILL**

Mailing Address 1243 RAMBLING ROAD

City SIMI VALLEY State CA Zip Code 93065

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

Name of Employer SELF EMPLOYED Occupation BUILDING CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6079**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 302 OWLS NEST ROAD

City WILMINGTON State DE Zip Code 19807

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

Name of Employer FARMERS GROUP Occupation PRESIDENT OF PERSONAL LINES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period  
 250.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP DE TOLEDO**

Mailing Address 3611 LONGRIDGE AVENUE

City State Zip Code  
SHERMAN OAKS CA 91423

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

Name of Employer Occupation  
CAPITAL GROUP COMPANIES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period  
1300.00

**B.** Full Name (Last, First, Middle Initial)  
**GREGGORY DEVORE**

Mailing Address 625 S. FAIR OAKS AVENUE  
SUITE 220

City State Zip Code  
PASADENA CA 91105

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1 CENERPOINTE DRIVE

City State Zip Code  
LA PALMA CA 90623

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

Name of Employer Occupation  
FFC CARL'S JR FRANCHISE OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.5368**

Amount of Each Receipt this Period  
500.00

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

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

2300.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. DUANE DICHIARA</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 2725 DONNER WAY		<b>Transaction ID : SA11AI.5370</b>	
City SACRAMENTO	State CA	Zip Code 95818	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer REVOLVIS CONSULTING	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. NONA DILLON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 04 / 2014	
Mailing Address 16172 SWEETAIRE AVE		<b>Transaction ID : SA11AI.5372</b>	
City LANCASTER	State CA	Zip Code 93535	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. DEBRA DIPRIMIO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 25172 KARIE LANE		<b>Transaction ID : SA11AI.5374</b>	
City SANTA CLARITA	State CA	Zip Code 91350	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT DIPRIMIO**

Mailing Address 25172 KARIE LANE

City State Zip Code  
SANTA CLARITA CA 91350

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

Name of Employer Occupation  
SAN GABRIEL VALLEY WATER COMPANY VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.5376**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM S DODDRIDGE**

Mailing Address 15732 TUSTIN VILLAGE WAY

City State Zip Code  
TUSTIN CA 92780

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

Name of Employer Occupation  
JEWELRY EXCHANGE 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  
 02 / 07 / 2014

**Transaction ID : SA11AI.5377**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**FRANK E DOERFLER SR., P.E.**

Mailing Address 1606 WILDER ST.

City State Zip Code  
THOUSAND OAKS CA 91362-2054

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5379**

Amount of Each Receipt this Period  
100.00

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

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

2950.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FRANK DOERFLER**

Mailing Address 1606 WILDER ST.

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5381**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK R DOHENY**

Mailing Address 136 EL CAMINO DR. #401

City BEVERLY HILLS State CA Zip Code 90212

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5383**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 621 RUSHING CREEK PLACE

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer SELF-EMPLOYED Occupation PRODUCT DISTRIBUTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5384**

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 39 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**R. TODD DONEY**

Mailing Address 2280 CHAUCER RD.

City SAN MARINO State CA Zip Code 91108

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

Name of Employer **CBRE** Occupation **VICE CHAIRMAN**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5386**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MAXWELL DOTSON**

Mailing Address 717 COVEWOOD STREET

City OAK PARK State CA Zip Code 91377

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

Name of Employer **ENVY MEDICAL, INC.** Occupation **GOVERNMENT BUSINESS DEVELOPMENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.5388**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 717 COVEWOOD STREET

City OAK PARK State CA Zip Code 91377

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

Name of Employer **ENVY MEDICAL, INC.** Occupation **GOVERNMENT BUSINESS DEVELOPMENT**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : SA11AI.5389**

Amount of Each Receipt this Period  
 250.00

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

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

2250.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MAXWELL DOTSON**

Mailing Address 717 COVEWOOD STREET

City OAK PARK State CA Zip Code 91377

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

Name of Employer ENVY MEDICAL, INC. Occupation GOVERNMENT BUSINESS DEVELOPMENT

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  
 03 / 29 / 2014

**Transaction ID : SA11AI.5391**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**MAXWELL DOTSON**

Mailing Address 717 COVEWOOD STREET

City OAK PARK State CA Zip Code 91377

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

Name of Employer ENVY MEDICAL, INC. Occupation GOVERNMENT BUSINESS DEVELOPMENT

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  
 03 / 29 / 2014

**Transaction ID : SA11AI.5392**

Amount of Each Receipt this Period  
1300.00

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

Mailing Address 717 COVEWOOD STREET

City OAK PARK State CA Zip Code 91377

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

Name of Employer ENVY MEDICAL, INC. Occupation GOVERNMENT BUSINESS DEVELOPMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5390**

Amount of Each Receipt this Period  
1300.00

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

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

2650.00



**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MAXWELL DOTSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 717 COVEWOOD STREET		<b>Transaction ID : SA11AI.5393</b>
City OAK PARK	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer ENVY MEDICAL, INC.	Occupation GOVERNMENT BUSINESS DEVELOPMENT	
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>SCOTT DOUGLAS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 3 MORGAN LANE		<b>Transaction ID : SA11AI.5395</b>
City ROLLING HILLS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WEST COAST CAPITAL PARTNERS	Occupation REAL ESTATE DEVELOPER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>JEFF DOUSHGOUNIAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 384 WHITNEY WAY		<b>Transaction ID : SA11AI.5397</b>
City MORGAN HILL	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FIDELITY	Occupation COUNTY MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<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 42 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN DRETZKA**

Mailing Address 6632 KENTWOOD BLUFFS DRIVE

City State Zip Code  
LOS ANGELES CA 90045

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

Name of Employer Occupation  
SELF INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5398**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**DON DUBOIS**

Mailing Address 1300 DOVE STREET

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
FIDELITY NATIONAL TITLE GROUP EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5400**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4230 GUILDFORD COURT

City State Zip Code  
SACRAMENTO CA 95864

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

Name of Employer Occupation  
FARMERS INSURANCE SVP, GOVERNMENT AFFAIRS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.5402**

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 43 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR. PIERRE DURAND JR.**

Mailing Address 13230 RED BIRD COURT

City MOORPARK State CA Zip Code 93021

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5404**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**DR. PIERRE DURAND JR.**

Mailing Address 13230 RED BIRD COURT

City MOORPARK State CA Zip Code 93021

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5405**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**DALE L DYKEMA**

Mailing Address 1969 VISTA CAUDAL

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer TD SERVICE COMPANY Occupation CHAIRMAN/CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5407**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ERIC EARLY**

Mailing Address 4860 GLENCAIRN RD.

City LOS ANGELES State CA Zip Code 90027

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

Name of Employer EARLY SULLIVAN Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5409**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**DARRYL D EISNER**

Mailing Address 1497 OUTLOOK CIRCLE

City WESTLAKE VILLAGE State CA Zip Code 91362

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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5411**

Amount of Each Receipt this Period  
 125.00

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

Mailing Address 26037 SHADOW ROCK LANE

City VALENCIA State CA Zip Code 91381

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

Name of Employer FARMERS INSURANCE Occupation LEGAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5413**

Amount of Each Receipt this Period  
 250.00

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

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

875.00

**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 45 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FRANK FARDAD**

Mailing Address 2945 TOWNSGATE ROAD  
SUTIE 350

City WESTLAKE VILLAGE State CA Zip Code 91361

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

Name of Employer GLOBALWIDE MEDIA Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5415**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN J FEELY**

Mailing Address 17011 SW RIVENDELL DR.

City DURHAM State OR Zip Code 97224-7624

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

Name of Employer RETIRED 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  
 03 / 12 / 2014

**Transaction ID : SA11AI.5417**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 336 SOUTH HUDSON AVENUE

City LOS ANGELES State CA Zip Code 90020

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

Name of Employer SNF MANAGEMENT Occupation CHIEF OPERATING OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.5419**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 46 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY FELKS**

Mailing Address 357 CHERRY HILLS COURT

City State Zip Code  
NEWBURY PARK CA 91320

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

Name of Employer Occupation  
FARMERS INSURANCE HEAD OF PROPERTY CLAIMS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.5421**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**SHARON FERNANDEZ**

Mailing Address 10530 PEMBRIAR CIRCLE

City State Zip Code  
SAN ANTONIO TX 78240

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

Name of Employer Occupation  
FARMERS INSURANCE EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5423**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 433 CAMDEN DRIVE #820

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
NSB ASSOCIATES REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11AI.5425**

Amount of Each Receipt this Period  
2000.00

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

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

2325.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**TED FIKRE**

Mailing Address 3063 PATRICIA AVE.

City LOS ANGELES State CA Zip Code 90064

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

Name of Employer AEG Occupation VICE CHAIRMAN/CHIEF LEGAL AND DEVELOPMENT

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  
**03 / 12 / 2014**

**Transaction ID : SA11AI.5426**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**PETER J FILLER**

Mailing Address 723 BARBARA AVE.

City SOLANA BEACH State CA Zip Code 92075

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

Name of Employer FIDELITY NATIONAL Occupation EVP - REGIONAL 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  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5428**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1101 INVESTMENT BOULEVARD #115

City EL DORADO HILLS State CA Zip Code 95762

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

Name of Employer MEDICAL VALUE PARTNERS 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 Y Y  
**03 / 18 / 2014**

**Transaction ID : SA11AI.5430**

Amount of Each Receipt this Period  
**1000.00**

**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 48 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**EMIL FISH**

Mailing Address 905 SOUTH FAIR OAKS AVENUE

City PASADENA State CA Zip Code 91105

FEC ID number of contributing federal political committee.

Name of Employer FISH CONSTRUCTION Occupation DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5432**

Amount of Each Receipt this Period

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

Mailing Address 3106 CALUSA AVE.

City SIMI VALLEY State CA Zip Code 93063-5709

FEC ID number of contributing federal political committee.

Name of Employer FISHBACK AND ASSOCIATES Occupation ARCHITECT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5434**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM O FLEISCHMAN**

Mailing Address 1900 AVENUE OF THE STARS SUITE 2410

City LOS ANGELES State CA Zip Code 90067

FEC ID number of contributing federal political committee.

Name of Employer W/F INVESTMENT CORP 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 Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5435**

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 49 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL FLESCH**

Mailing Address 714 NORTH FOOTHILL ROAD

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
COMMUNITY ASSET MANAGEMENT BUSINESS 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  
 03 / 11 / 2014

**Transaction ID : SA11AI.5436**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**JOE B FORTSON IV**

Mailing Address 3632 BRYN MAWR.

City State Zip Code  
DALLAS TX 75225

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
175.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5438**

Amount of Each Receipt this Period  
175.00

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

Mailing Address 2 LANA LANE

City State Zip Code  
HOUSTON TX 77027

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

Name of Employer Occupation  
HANCOCK PARK ASSOCIATES INVESTMENT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5440**

Amount of Each Receipt this Period  
2000.00

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

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

2675.00

**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 50 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ARDYTH FRESHMAN**

Mailing Address 6151 W. CENTURY BLVD. SUITE 300

City	State	Zip Code
LOS ANGELES	CA	90045

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 Y Y  
 02 / 07 / 2014

**Transaction ID : SA11AI.5444**

Amount of Each Receipt this Period

125.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. SAMUEL K FRESHMAN**

Mailing Address 6151 W. CENTURY BLVD. SUITE 300

City	State	Zip Code
LOS ANGELES	CA	90045

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

Name of Employer	Occupation
STANDARD MANAGEMENT CO.	REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5442**

Amount of Each Receipt this Period

125.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. SAMUEL K FRESHMAN**

Mailing Address 6151 W. CENTURY BLVD. SUITE 300

City	State	Zip Code
LOS ANGELES	CA	90045

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

Name of Employer	Occupation
STANDARD MANAGEMENT CO.	REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5445**

Amount of Each Receipt this Period

1000.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA LYNN FRIED</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 6011 WOODFERN DR.		<b>Transaction ID : SA11AI.5447</b>	
City RANCHO PALOS VERDES	State CA	Zip Code 90275	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FIDELITY NATIONAL TITLE	Occupation PRESIDENT LOS ANGELES COUNTY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. GERALD M FRIEDMAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 261 W. BEACH AVE.		<b>Transaction ID : SA11AI.5449</b>	
City INGLEWOOD	State CA	Zip Code 90302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MARVIN ENGINEERING COMPANY, INC.	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. JACK A FRYDRYCH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 5345 OAK PARK AVE.		<b>Transaction ID : SA11AI.5451</b>	
City ENCINO	State CA	Zip Code 91316-2627	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer JACK A. FRYDRYCH, PLC	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 52 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**BETH ANN GAMBARDELLA**

Mailing Address 634 TRUE WIND WAY #803

City REDWOOD CITY State CA Zip Code 94063

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

Name of Employer FIDELITY NATIONAL TITLE Occupation COUNTY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5453**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRIS GARCIA**

Mailing Address 22631 PACIFIC COAST HWY #144

City MALIBU State CA Zip Code 90265

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

Name of Employer CHRIS GARCIA & ASSOCIATES Occupation BUSINESSMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5454**

Amount of Each Receipt this Period  
 2350.00

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

Mailing Address 23913 MOBILE STREET

City WEST HILLS State CA Zip Code 91307

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

Name of Employer FARMERS GROUP, INC. Occupation AVP - CORPORATE LITIGATION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.5456**

Amount of Each Receipt this Period  
 250.00

**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 53 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT GARRETT**

Mailing Address 225 SOUTH LAKE AVENUE

City PASADENA State CA Zip Code 91101

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

Name of Employer GARRETT & STULLY P.C. Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5458**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO BOX 30610

City SANTA BARBARA State CA Zip Code 93130

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5459**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 5126 CLARETON DR. #208

City AGOURA HILLS State CA Zip Code 91301

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  
 03 / 12 / 2014

**Transaction ID : SA11AI.5461**

Amount of Each Receipt this Period  
 125.00

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

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

1625.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JOEL M GEIDERMAN**

Mailing Address 9440 SANTA MONICA BLVD. #406

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
CEDARS SINAI HOSPITAL CHIEF OF EMERGENCY MEDICINE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5463**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL GENEST**

Mailing Address 117 WILLOWBEND

City State Zip Code  
IRVINE CA 92612

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

Name of Employer Occupation  
LAWYERS TITLE INSURANCE COMPANY SALES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5465**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR V GERINGER**

Mailing Address 5029 E. JACOBS CT.

City State Zip Code  
OAK PARK CA 91377

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

Name of Employer Occupation  
SECURITY DOORS CONTROL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5467**

Amount of Each Receipt this Period  
100.00

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

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

2950.00

**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 55 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ASH GIVARGIS**

Mailing Address 571 OLDSTONE PL.

City State Zip Code  
SIMI VALLEY CA 93065-5342

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

Name of Employer Occupation  
DEPARTMENT OF CORRECTIONS SOUTHERN REGION SENIOR IT SUPERVISOR

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  
 02 / 25 / 2014

**Transaction ID : SA11AI.5469**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 10250 CONSTELLATION BOULEVARD  
19TH FLOOR

City State Zip Code  
LOS ANGELES CA 90067

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

Name of Employer Occupation  
GLASER WEIL FINK JACOBS HOWARD AVCH 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 Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5471**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1082 DRIFTWOOD LANE

City State Zip Code  
VENTURA CA 93001

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

Name of Employer Occupation  
GBS FINANCIAL INVESTMENTS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11AI.5472**

Amount of Each Receipt this Period  
2600.00

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 56 OF 214  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**RONALD G GOLDEN**

Mailing Address 481 INNWOOD RD.

City State Zip Code  
SIMI VALLEY CA 93065

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

Name of Employer Occupation  
FIDELITY NATIONAL TITLE VP/COUNTY 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  
 03 28 2014

**Transaction ID : SA11AI.5474**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1210 HOMEWOOD LANE

City State Zip Code  
LA CANADA CA 91011

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

Name of Employer Occupation  
GILCHRIST & RUTTER ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 10 2014

**Transaction ID : SA11AI.5476**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5295 BEACHCOMBER COURT

City State Zip Code  
SAN DIEGO CA 92130

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

Name of Employer Occupation  
CHICAGO TITLE SVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 26 2014

**Transaction ID : SA11AI.5478**

Amount of Each Receipt this Period  
500.00

**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 57 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>PHYLLIS GORBY KELLEY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 3562 CROWN RIDGE DR.		<b>Transaction ID : SA11AI.5479</b>	
City SHERMAN OAKS	State CA	Zip Code 91408	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation REAL ESTATE INVESTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>DAN H GRAVES</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 641 BLUE OAK AVE.		<b>Transaction ID : SA11AI.5480</b>	
City THOUSAND OAKS	State CA	Zip Code 91320	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SYMANTEC	Occupation SENIOR DIRECTOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>RANDALL E GREER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 10800 WILSHIRE BLVD. #402		<b>Transaction ID : SA11AI.5481</b>	
City LOS ANGELES	State CA	Zip Code 90024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 58 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ELIAS W HADDAD**

Mailing Address **3812 BRAEBURN DRIVE**

City **BAKERSFIELD** State **CA** Zip Code **93306**

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

Name of Employer **HADDAD DODGE** Occupation **OWNER**

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  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5483**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **9243 WILSON ESTATES COURT**

City **WITCHITA** State **KS** Zip Code **67206**

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

Name of Employer **FARMERS INSURANCE GROUP** Occupation **MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.6067**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**ANDREW G HALL**

Mailing Address **963 ALTA MAR TER**

City **SAN JOSE** State **CA** Zip Code **95126**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2014**

**Transaction ID : SA11AI.5487**

Amount of Each Receipt this Period  
**50.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **55 S HOPE STREET**

City **LOS ANGELES** State **CA** Zip Code **90071**

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

Name of Employer **DLA PIPER LLP** Occupation **PARTNER**

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  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5485**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**DONALD R HALLMAN**

Mailing Address **12625 COLLINS STREET**

City **NORTH HOLLYWOOD** State **CA** Zip Code **91607**

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

Name of Employer **HALLMAN ENTERPRISES, INC.** Occupation **PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.6101**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JANET L HAMILTON**

Mailing Address **4616 PALM DR.**

City **LA CANADA** State **CA** Zip Code **91011**

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

Name of Employer **RETIRED** 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  
**03 / 25 / 2014**

**Transaction ID : SA11AI.5488**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. GEORGE E HANDTMANN III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 3269 PADERO LANE		<b>Transaction ID : SA11AI.5490</b>	
City CARPINTERIA	State CA	Zip Code 93013	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. JAMES HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 707 SAN JUAN ST.		<b>Transaction ID : SA11AI.5491</b>	
City SANTA PAULA	State CA	Zip Code 93060	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer PURETEC	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. RALPH E HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address PO BOX 4276		<b>Transaction ID : SA11AI.5493</b>	
City VENTURA	State CA	Zip Code 93007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer ED HARRISON AND SONS, INC.	Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<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 61 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ADAM HAVERSTOCK**

Mailing Address 14236 MAYA CIRCLE

City MOORPARK State CA Zip Code 93021

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

Name of Employer GREATER CONEJO VALLEY CHAMBER OF C Occupation GOVERNMENT AFFAIRS MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.5495**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. RONALD L HAVNER JR.**

Mailing Address 2275 CHAUCER RD.

City SAN MARINO State CA Zip Code 91108

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

Name of Employer PUBLIC STORAGE Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5497**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LINDA M HEARRELL**

Mailing Address 17355 PALM RD.

City RIVERSIDE State CA Zip Code 92503

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5499**

Amount of Each Receipt this Period  
 500.00

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

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

1550.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 7750 SULPHUR MOUNTAIN ROAD

City OJAI	State CA	Zip Code 93023
--------------	-------------	-------------------

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

Name of Employer PRECISION WORKS, INC.	Occupation CEO
---	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 20 / 2014

**Transaction ID : SA11AI.5502**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID HEDMAN**

Mailing Address 7750 SULPHUR MOUNTAIN ROAD

City OJAI	State CA	Zip Code 93023
--------------	-------------	-------------------

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

Name of Employer PRECISION WORKS, INC.	Occupation CEO
---	-------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.5501**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 19901 NORTHRIDGE ROAD

City CHATSWORTH	State CA	Zip Code 91311
--------------------	-------------	-------------------

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

Name of Employer SELF	Occupation PUBLISHER
--------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5503**

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 63 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**NIKOLAUS HEIDEGGER**

Mailing Address 19901 NORTHRIDGE ROAD

City CHATSWORTH State CA Zip Code 91311

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

Name of Employer SELF Occupation PUBLISHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.6074**

Amount of Each Receipt this Period  
900.00

**B.** Full Name (Last, First, Middle Initial)  
**SANDRA HEIDT**

Mailing Address 14155 MAGNOLIA BLVD.

City SHERMAN OAKS State CA Zip Code 91423

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

Name of Employer HORACE HEIDT ESTATES Occupation 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  
 03 / 25 / 2014

**Transaction ID : SA11AI.5505**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 32520 MICHIGAN

City ACTON State CA Zip Code 93510

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5507**

Amount of Each Receipt this Period  
10.00

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

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

3410.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY A HILL**

Mailing Address 104 REAGAN CT.

City State Zip Code  
VENTURA CA 93003

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

Name of Employer Occupation  
M&M MANAGEMENT CO. REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2014

**Transaction ID : SA11AI.5511**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1377 PATHFINDER AVE.

City State Zip Code  
WESTLAKE VILLAGE CA 91362

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : SA11AI.5509**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 1000 TOWN CENTER DR. #26-

City State Zip Code  
OXNARD CA 93036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.5513**

Amount of Each Receipt this Period  
100.00

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

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

2225.00



**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**C. THOMAS HOPKINS**

Mailing Address 1061 VIA CHAPARRAL

City State Zip Code  
SANTA BARBARA CA 93105

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

Name of Employer Occupation  
COOLEY LLP PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5515**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY J HOPKINS**

Mailing Address 4410 CHEVY CHASE DRIVE

City State Zip Code  
LA CANADA CA 91011

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

Name of Employer Occupation  
HOPKINS CONSTRUCTION GENERAL CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5519**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 348 CAMINO DE CELESTE

City State Zip Code  
THOUSAND OAKS CA 94360

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

Name of Employer Occupation  
RETIRED 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  
 03 / 12 / 2014

**Transaction ID : SA11AI.5517**

Amount of Each Receipt this Period  
 1000.00

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

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

3800.00

**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 66 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROSS HOPKINS**

Mailing Address 15226 SUTTON STREET

City State Zip Code  
SHERMAN OAKS CA 91403

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

Name of Employer Occupation  
MT. ST. MARY'S COLLEGE TEACHER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : SA11AI.5521**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**KARLA HOWARD**

Mailing Address P.O. BOX 7018

City State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation  
LAWYERS TITLE INSURANCE COMPANY VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2014

**Transaction ID : SA11AI.5523**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO BOX 7172

City State Zip Code  
THOUSAND OAKS CA 91359

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.5525**

Amount of Each Receipt this Period  
10.00

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

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

310.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**RONALD HOWARTH**

Mailing Address **50 BALBOA COVES**

City **NEWPORT BEACH** State **CA** Zip Code **92663**

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

Name of Employer **COMMONWEALTH LAND TITLE COMPANY** Occupation **SENIOR VICE 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  
**03 / 28 / 2014**

**Transaction ID : SA11AI.5527**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**EILEEN HUARTE**

Mailing Address **14959 LA CUMBRE DRIVE**

City **PACIFIC PALISADES** State **CA** Zip Code **90272**

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

Name of Employer **ARIZONA TILE** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : SA11AI.5529**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**TERRY O HUGHES**

Mailing Address **5152 LOS CABALLEROS WAY**

City **LOS ANGELES** State **CA** Zip Code **90027**

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

Name of Employer **MONSTER ENERGY CO.** Occupation **VICE PRESIDENT AND MANAGING LEGAL C**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5531**

Amount of Each Receipt this Period  
**1000.00**

**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 68 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. EDWARD HULAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 2786 DIAMOND DRIVE		<b>Transaction ID : SA11AI.5533</b>	
City CAMARILLO	State CA	Zip Code 93010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer SURETY GROUP, INC.	Occupation REAL ESTATE MANAGEMENT & INVESTMEI		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA M IOIMO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 4710 PAINT HORSE TRL.		<b>Transaction ID : SA11AI.5535</b>	
City SANTA MONICA	State CA	Zip Code 93455-6082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FIDELITY TITLE	Occupation VP COUNTY MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. NANCY L IREDALE</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 515 SOUTH FLOWER STREET		<b>Transaction ID : SA11AI.5536</b>	
City LOS ANGELES	State CA	Zip Code 90071	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer PAUL HASTINGS, LLP	Occupation TAX ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 69 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AUDREY ISRAEL**

Mailing Address 19528 VENTURA BLVD STE 812

City State Zip Code  
TARZANA CA 91356

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5538**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 279 GARDEN DRIVE

City State Zip Code  
THOUSAND OAKS CA 91361

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

Name of Employer Occupation  
J AND J INSURANCE INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.5539**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 279 GARDEN DRIVE

City State Zip Code  
THOUSAND OAKS CA 91361

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

Name of Employer Occupation  
J AND J INSURANCE INC PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2014

**Transaction ID : SA11AI.5540**

Amount of Each Receipt this Period  
 250.00

**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 70 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ANITA JAIN**

Mailing Address 4249 EAST BOULEVARD  
UNIT 4

City LOS ANGELES State CA Zip Code 90066

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

Name of Employer MEYLAN DAVITT JAIN AREVIAN & KIM LLP Occupation 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  
 03 / 26 / 2014

**Transaction ID : SA11AI.5542**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KAREN D JENKINS**

Mailing Address 110 LAUREL RIDGE DRIVE

City SIMI VALLEY State CA Zip Code 93065

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

Name of Employer FARMERS INSURANCE Occupation HEAD OF DISTRIBUTION COMPLIANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5544**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**CECILY JENKINS MAULDING**

Mailing Address 5365 BUTTERFIELD ST.

City CAMARILLO State CA Zip Code 93012

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5546**

Amount of Each Receipt this Period  
200.00

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

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

1450.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROGER JEWKES**

Mailing Address 4510 VIA CLARICE

City State Zip Code  
SANTA BARBARA CA 93111

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

Name of Employer Occupation  
FIDELITY NATIONAL FINANCIAL EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5548**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. BILL JOHANNESON**

Mailing Address 18740 WILLOWTREE LANE

City State Zip Code  
NORTHRIDGE CA 91326

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5551**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. BILL JOHANNESON**

Mailing Address 18740 WILLOWTREE LANE

City State Zip Code  
NORTHRIDGE CA 91326

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5550**

Amount of Each Receipt this Period  
500.00

**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 72 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6348 EAST WATERTON AVENUE

City ORANGE State CA Zip Code 92867

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

Name of Employer FIDELITY NATIONAL FINANCE Occupation EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5553**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 43301 12TH STREET WEST

City LANCASTER State CA Zip Code 93534

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

Name of Employer SIERRA TOYOTA Occupation PROP. MANAGER/EXEC. ASSISTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
639.88

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.6105**

Amount of Each Receipt this Period  
639.88

In-kind - FACILITY RENTAL/ CATERING SERVICES

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

Mailing Address 2285 HIETTER AVE.

City SIMI VALLEY State CA Zip Code 93063

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.5555**

Amount of Each Receipt this Period  
10.00

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

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

1149.88



**SCHEDULE A (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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. MATT KAHN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014	
Mailing Address 15819 ROSEHAVEN LANE		<b>Transaction ID : SA11AI.5557</b>	
City CANYON COUNTRY	State CA	Zip Code 91387	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer EMPLOYMENT SERVICES	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL KAO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014	
Mailing Address 5824 JED SMITH ROAD		<b>Transaction ID : SA11AI.5559</b>	
City HIDDEN HILLS	State CA	Zip Code 91302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer AKANTHOS CAPITAL MANAGEMENT, LLC	Occupation HEDGE FUND MANAGER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. GERALD KATELL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 100 WILSHIRE BOULEVARD SUITE 1830		<b>Transaction ID : SA11AI.5561</b>	
City SANTA MONICA	State CA	Zip Code 90401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer KATELL PROPERTIES, LLC	Occupation REAL ESTATE DEVELOPER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 74 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 656 LAS ALTURAS ROAD

City State Zip Code  
SANTA BARBARA CA 93103

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FIDELITY NATIONAL TITLE GROUP EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5563**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**GREG KELLER**

Mailing Address 12373 FAIRWAY POINTE ROW

City State Zip Code  
SAN DIEGO CA 92128

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GARDEN FRESH PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5565**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY W KENNA**

Mailing Address 1055 W. 7TH STREET #2000

City State Zip Code  
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
GILBERT,KELLY,CROWLEY &JENNETT ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6089**

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 75 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PARKER KENNEDY**

Mailing Address 1 FIRST AMERICAN WAY

City SANTA ANA State CA Zip Code 92707

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

Name of Employer THE FIRST AMERICAN CORPORATION Occupation CHAIRMAN AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5567**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA G KENNERLY**

Mailing Address PO BOX 954

City BOULEVARD State CA Zip Code 91905

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5568**

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
**PAULA KENT MEEHAN**

Mailing Address 144 MONOVALE DRIVE

City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer KENQUEST INC. Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.5569**

Amount of Each Receipt this Period  
 600.00

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

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

1800.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PAULA KENT MEEHAN**

Mailing Address 144 MONOVALE DRIVE

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
KENQUEST INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 19 / 2014

**Transaction ID : SA11AI.5570**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH L KHACHIGIAN**

Mailing Address 501 W. LOBOSS MARINOS

City State Zip Code  
SAN CELEMNTE CA 92672

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

Name of Employer Occupation  
BROWNSTEIN HYATT FARBER SCHRECK 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  
03 / 10 / 2014

**Transaction ID : SA11AI.5572**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2024 LEEWARD LANE

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 28 / 2014

**Transaction ID : SA11AI.5574**

Amount of Each Receipt this Period  
2600.00

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

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

3250.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS KING**

Mailing Address 27200 TOURNEY ROAD  
SUITE 475

City VALENCIA State CA Zip Code 91355

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

Name of Employer KKAJ, LLP Occupation ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5576**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13822 HEWES AVENUE

City SANTA ANA State CA Zip Code 92705

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

Name of Employer CENTAURUS FINANCIAL Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5578**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 1341 23RD STREET

City MANHATTAN BEACH State CA Zip Code 90266

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

Name of Employer HENNELLY & GROSSFELD Occupation 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  
 03 / 26 / 2014

**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  
1000.00

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 78 OF 214  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 1342 SOUTHWIND CIR.

City WESTLAKE VILLAGE State CA Zip Code 91361

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5581**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**JOSEPH J KLINGER**

Mailing Address 1925 N. KENNETH RD.

City BURBANK State CA Zip Code 91504

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

Name of Employer APPLIED COMPANIES Occupation DIRECTOR OF ENGINEERING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5583**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MARY ELIZABETH KLINGER**

Mailing Address 21607 PARVIN DRIVE

City SANTA CLARITA State CA Zip Code 91350

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

Name of Employer APPLIED COMPANIES Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5585**

Amount of Each Receipt this Period  
 1000.00

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

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

2100.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. PETER KLUTE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 2001 BATAAN ROAD		<b>Transaction ID : SA11AI.5587</b>	
City REDONDO BEACH	State CA	Zip Code 90278	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 125.00	
Name of Employer FARMERS INSURANCE	Occupation SVP FINANCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00		

Full Name (Last, First, Middle Initial) <b>B. RYAN KNOLL</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1000 S. SAN RAFAEL AVE.		<b>Transaction ID : SA11AI.5589</b>	
City PASADENA	State CA	Zip Code 91105	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer RSC PARTNERS	Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. JEFF KNUDSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 427 VISTA DE LA PLAYA		<b>Transaction ID : SA11AI.5591</b>	
City SANTA BARBARA	State CA	Zip Code 93109	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer FIDELITY NATIONAL FINANCIAL	Occupation EXECUTIVE VICE PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<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 80 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**KENT A KOESELL**

Mailing Address 6271 E. TRAIL DR.

City ANAHEIM State CA Zip Code 92807

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

Name of Employer LAWYERS TITLE CO. Occupation VP COUNTY MANANGER

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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5593**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**LISA KOHN**

Mailing Address 16135 VALLEY MEADOW PLACE

City ENCINO State CA Zip Code 91436

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.5597**

Amount of Each Receipt this Period  
1300.00

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

Mailing Address 16135 VALLEY MEADOW PLACE

City ENCINO State CA Zip Code 91436

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

Name of Employer CAPITAL GROUP, INC. Occupation PRESIDENT

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.5595**

Amount of Each Receipt this Period  
1300.00

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

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

2850.00



**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LISA KORBATOV**

Mailing Address **624 NORTH RODEO DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90210**

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

Name of Employer **ARES MANAGEMENT** Occupation **REAL ESTATE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.5599**

Amount of Each Receipt this Period  
**750.00**

**B.** Full Name (Last, First, Middle Initial)  
**SHAN CHUN KOU**

Mailing Address **1399 VISTA MORAGA**

City **LOS ANGELES** State **CA** Zip Code **90049**

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

Name of Employer **RETIRED** 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  
**03 / 19 / 2014**

**Transaction ID : SA11AI.5601**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **26636 SHAKESPEARE LANE**

City **STEVENSON RANCH** State **CA** Zip Code **91381**

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

Name of Employer **AMERICAN FAMILY FUNDING CORP.** Occupation **BRANCH MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11AI.5603**

Amount of Each Receipt this Period  
**250.00**

**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 82 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PHILLIP KURZNER**

Mailing Address 118 WESTWIND MALL

City State Zip Code  
MARINA DEL REY CA 90292

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

Name of Employer Occupation  
KAISER PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5605**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CLAY LACY**

Mailing Address 11762 STONEHENGE LN.

City State Zip Code  
LOS ANGELES CA 90077

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

Name of Employer Occupation  
CLAY LACY AVIATION OWNER/PILOT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5607**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address PO BOX 306

City State Zip Code  
LAKE HUGHES CA 93532

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

Name of Employer Occupation  
LOCKHEED AEROSPACE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5609**

Amount of Each Receipt this Period  
 10.00

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

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

3610.00

**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 83 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 23927 ARCHWOOD STREET

City WEST HILLS State CA Zip Code 91307

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

Name of Employer WELLPOINT, INC. Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5611**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN LARSON**

Mailing Address 2633 GALLEON AVENUE

City PORT HUENEME State CA Zip Code 93041

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

Name of Employer SELF Occupation VOLUNTEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5612**

Amount of Each Receipt this Period  
 13.00

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

Mailing Address 7033 OWENSMOUTH AVENUE

City CANOGA PARK State CA Zip Code 91303

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

Name of Employer ALLEN LAWRENCE & ASSOCIATES, INC. Occupation CHAIRMAN & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5614**

Amount of Each Receipt this Period  
 500.00

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

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

1013.00

**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 84 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ERIK LAYKIN**

Mailing Address 11428 NATIONAL BOULEVARD

City LOS ANGELES State CA Zip Code 90064

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

Name of Employer SELF Occupation DIRECTOR

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  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**DON LEE**

Mailing Address 2401 EAST EL SEGUNDO BOULEVARD #400

City EL SEGUNDO State CA Zip Code 90245

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

Name of Employer FARMERS INSURANCE Occupation DISTRICT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2014**

**Transaction ID : SA11AI.5617**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 1512 CRANBROOK ST.

City CAMARILLO State CA Zip Code 93010-1902

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5618**

Amount of Each Receipt this Period  
**50.00**

**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 85 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LESLIE G LEVY**

Mailing Address 23501 CINEMA DRIVE, SUITE 209

City VALENCIA State CA Zip Code 91355

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

Name of Employer VALENCIA PODIATRY Occupation PODIATRIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5620**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**JAY LEWITT**

Mailing Address 29514 BERTRAND DRIVE

City AGOURA HILLS State CA Zip Code 91301

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

Name of Employer SELF Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5622**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL A LIBOW**

Mailing Address 516 N. WALDEN DR

City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer COLDWELL BANKER Occupation REAL ESTATE SALESPERSON

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.5623**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 20231 VIA SANSOVINO

City Porter Ranch State CA Zip Code 91326

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

Name of Employer CICOIL CORPORATION Occupation BUSINESS OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.5625**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**RUSS LINDLEY**

Mailing Address 2651 WHISPERING HILLS DR.

City SAN JOSE State CA Zip Code 95148

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 Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5627**

Amount of Each Receipt this Period  
 35.00

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

Mailing Address 3700 STATE STREET #100

City SANTA BARBARA State CA Zip Code 93105

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

Name of Employer FIDELITY NATIONAL TITLE GROUP Occupation COUNTY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5629**

Amount of Each Receipt this Period  
 250.00

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

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

2885.00

**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 87 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JAMES O LLOYD-BUTLER**

Mailing Address P.O. BOX 4008

City State Zip Code  
SATICOY CA 93007

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

Name of Employer Occupation  
SELF-EMPLOYED FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5630**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**MACS LUCERO**

Mailing Address 9151 BELCARO DRIVE

City State Zip Code  
HUNTINGTON BEACH CA 92646

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

Name of Employer Occupation  
LAWYERS TITLE COMPANY SR. VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.5632**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 12595 ANDALUSIA DRIVE

City State Zip Code  
CAMARILLO GA 93012

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

Name of Employer Occupation  
ASPHALT PROFESSIONALS, INC. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : SA11AI.5634**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3350.00**

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

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

FOR LINE NUMBER: PAGE 88 OF 214  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**PATRICK LUFRANO**

Mailing Address 17420 DONMETZ STREET

City GRANADA HILLS State CA Zip Code 91344

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

Name of Employer FARMERS INSURANCE Occupation AGENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5636**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**KYLE LUM**

Mailing Address 875 PATRIOT DRIVE SUITE D

City MOORPARK State CA Zip Code 93021

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

Name of Employer KYTEL SOLUTIONS, LLC Occupation OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6081**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**KELLY M LUND**

Mailing Address PPO BOX 6489

City VENTURA State CA Zip Code 93009

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5638**

Amount of Each Receipt this Period  
 100.00

**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 89 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. ROBERT MADOK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 958 HARTZELL STREET		<b>Transaction ID : SA11AI.5640</b>	
City PACIFIC PALISADES	State CA	Zip Code 90272	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer KENNERLY LAMISHAW AND ROSSI	Occupation LAWYER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. BOB MAJORINO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 2860 EAST THOUSAND OAKS BOULEVARD		<b>Transaction ID : SA11AI.5642</b>	
City THOUSAND OAKS	State CA	Zip Code 91362	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer PRUDENTIAL CALIFORNIA REALTY	Occupation CEO AND OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. DONALD MALLICK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 42045 TILTON DRIVE		<b>Transaction ID : SA11AI.5644</b>	
City LANCASTGER	State CA	Zip Code 93536	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NASA	Occupation RETIRED ENGINEER & PILOT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<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 90 OF 214			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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

**A.** Full Name (Last, First, Middle Initial)  
**BARRY MALLIN**

Mailing Address 5218 TEESDALE AVENUE

City VALLEY VILLAGE State CA Zip Code 91607

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

Name of Employer SELF Occupation ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5646**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**RAY MARINE**

Mailing Address 1245 LIONS PEAK LANE

City SAN MARTIN State CA Zip Code 95046

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

Name of Employer FIDELITY NATIONAL FINANCE Occupation EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5648**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 21565 IGLESIA DRIVE

City WOODLAND HILLS State CA Zip Code 91364

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

Name of Employer HENNELLY & GROSSFELD Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5650**

Amount of Each Receipt this Period  
 1000.00

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

**TOTAL** 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 91 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MARIE R MARTINELLI**

Mailing Address 865 COMSTOCK AVENUE  
PH-D

City State Zip Code  
LOS ANGELES CA 90024

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

Name of Employer Occupation  
STUDENT INSURANCE BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.5651**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MAUREEN MARTINEZ**

Mailing Address 23249 SHERWOOD PL.

City State Zip Code  
VALENCIA CA 91354

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP INSURANCE AGENCY OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5653**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 846 SPRING CANYON PLACE

City State Zip Code  
NEWBURY PARK CA 91320

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

Name of Employer Occupation  
FARMERS INSURANCE DISTRICT MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5655**

Amount of Each Receipt this Period  
125.00

**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 92 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. DUNCAN L MATTESON SR.**

Mailing Address 620 SAND HILL ROAD

City PALO ALTO State CA Zip Code 94304

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

Name of Employer THE MATTESON COMPANIES Occupation REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5657**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LAWRENCE MATTSON**

Mailing Address 114 N. MAPLE DDR.

City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5659**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**KATHLEEN L MCCARTHY**

Mailing Address 10449 BAINBRIDGE AVENUE

City LOS ANGELES State CA Zip Code 90024

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5661**

Amount of Each Receipt this Period  
 1000.00

**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 93 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>VICTORIA MCCARTHY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 1 COSENVA		<b>Transaction ID : SA11AI.5663</b>	
City LAGUNA NIGUEL	State CA	Zip Code 92677	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer FARMERS INSURANCE	Occupation HEAD OF STATE AND FEDERAL REGULATC		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>TIMOTHY MCCRAY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 23255 HAPPY VALLEY DRIVE		<b>Transaction ID : SA11AI.5665</b>	
City NEWHALL	State CA	Zip Code 91321	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer CREATIVE COMMUNICATION TECHNOLOGIE	Occupation PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>MR. DAVID JOHN MCDONALD</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 13642 SUNSET BLVD		<b>Transaction ID : SA11AI.5667</b>	
City PACIFIC PALISADES	State CA	Zip Code 90272	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 94 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTINE MCKEEN**

Mailing Address 6271 E. TRAIL DR.

City ANAHEIM State CA Zip Code 92807

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

Name of Employer: **HOMEMAKER** Occupation: **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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5669**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**SHELDON MCKOWAN**

Mailing Address 9519 HUNT CLUB LN.

City CHATSWORTH State CA Zip Code 91311

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

Name of Employer: **LOS ANGELES FIRE DEPARTMENT** Occupation: **FIRE CAPTAIN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5671**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 9519 HUNT CLUB LN.

City CHATSWORTH State CA Zip Code 91311

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

Name of Employer: **LOS ANGELES FIRE DEPARTMENT** Occupation: **FIRE CAPTAIN**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5672**

Amount of Each Receipt this Period  
25.00

**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: PAGE 95 OF 214  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**RAYMOND MCLAUGHLIN**

Mailing Address 12329 ARBOR HILL STREET

City MOORPARK State CA Zip Code 93021

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

Name of Employer FARMERS Occupation INSURANCE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.5674**

Amount of Each Receipt this Period  
 150.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD J MEHREN II**

Mailing Address 215 N. NORTON AVENUE

City LOSE ANGELES State CA Zip Code 90004

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

Name of Employer E3 INSURANCE SOLUTIONS, INC. Occupation CFO

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5676**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 10 SHERINGTON PLACE

City ATLANTA State GA Zip Code 30350

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

Name of Employer FIDELITY NATIONAL FINANCIAL Occupation EVP, PRESIDENT NATIONAL AGENCY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5678**

Amount of Each Receipt this Period  
 1000.00

**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 96 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DIANE MENDEZ-PADELFORD**

Mailing Address 18104 SOUTH SUMMER AVENUE

City State Zip Code  
ARTESIA CA 90701

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
A.J. PADELFORD & SONS INC EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5680**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MARIO MENESSE**

Mailing Address 1708 ASHLAWN LN.

City State Zip Code  
WAUNAKEE WI 53597

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FARMERS INSURANCE INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5682**

Amount of Each Receipt this Period

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

Mailing Address 1708 ASHLAWN LN.

City State Zip Code  
WAUNAKEE WI 53597

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5684**

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 97 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 19867 PRAIRIE STREET

City CHATSWORTH State CA Zip Code 91311

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

Name of Employer PREMIER AMERICA CREDIT UNION Occupation 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  
 02 / 18 / 2014

**Transaction ID : SA11AI.5685**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**JOE MIKHIAL**

Mailing Address 23324 PARK SORRENTO

City CALABASAS State CA Zip Code 91302

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

Name of Employer SELF Occupation DEVELOPER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5687**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2858 WHITE RIDGE PLACE #14

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer MASS MUTUAL Occupation FINANCIAL STRATEGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : SA11AI.5689**

Amount of Each Receipt this Period  
1300.00

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

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

4050.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**HARRY MILLER**

Mailing Address 9663 SANTA MONICA BOULEVARD  
SUITE 901

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
SELF ANESTHESIOLOGIST

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  
 03 / 18 / 2014

**Transaction ID : SA11AI.5691**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JASON J MILLER**

Mailing Address 253 - 14TH STREET SE  
UNIT A

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation  
JAMESTOWN ASSOCIATES PARTNER

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.5695**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 3611 MOTOR AVENUE  
SUITE 100

City State Zip Code  
LOS ANGELES CA 90034

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

Name of Employer Occupation  
CORDARY 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 Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.5693**

Amount of Each Receipt this Period  
2600.00

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

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

6200.00

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

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

FOR LINE NUMBER: PAGE 99 OF 214  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MIRIAM MILLER**

Mailing Address 3611 MOTOR AVENUE  
SUITE 100

City State Zip Code  
LOS ANGELES CA 90034

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

Name of Employer Occupation  
CORDARY REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 18 2014

**Transaction ID : SA11AI.5692**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**ADAM MILSTEIN**

Mailing Address 16027 VENTURA BLVD. SUITE 550

City State Zip Code  
ENCINO CA 91436

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

Name of Employer Occupation  
SELF REAL ESTATE MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 31 2014

**Transaction ID : SA11AI.5697**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5887 SPIRIT LAKE COURT

City State Zip Code  
SIMI VALLEY CA 93063

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

Name of Employer Occupation  
SIMI VALLEY HOSPITAL PRESIDENT & 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  
 02 12 2014

**Transaction ID : SA11AI.5699**

Amount of Each Receipt this Period  
250.00

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

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

3850.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JAMES D MINIDIS**

Mailing Address 40320 NIDO COURT

City PALMDALE State CA Zip Code 93551

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

Name of Employer REDBRICK PIZZA WORLDWIDE, INC. Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5701**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CRAIG MISSAKIAN**

Mailing Address 116 CLUB ROAD

City PASADENA State CA Zip Code 91105

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

Name of Employer AMUSEMENT INDUSTRY, INC. Occupation VP AND GENERAL COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.5703**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1415 NOVA LN

City OJAI State CA Zip Code 93023

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.5705**

Amount of Each Receipt this Period  
 35.00

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

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

1285.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS MODRZEJEWSKI**

Mailing Address 584 ROSEMONT AVENUE

City PASADENA State CA Zip Code 91103

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

Name of Employer SAGE ADVISORS Occupation PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5706**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CINDY MONTANEZ**

Mailing Address 608 HOLLISTER STREET

City SAN FERNANDO State CA Zip Code 91340

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

Name of Employer L.A. DEPT OF WATER AND POWER Occupation ASSISTANT GENERAL 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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5708**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12755 GARDEN HIGHWAY

City YUBA CITY State CA Zip Code 95991

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

Name of Employer SELF Occupation RICE FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5710**

Amount of Each Receipt this Period  
1000.00

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

**TOTAL** 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 102 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 5850 CANOGA AVE.

City WOODLAND HILLS	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11AI.5712**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN L MORIARITY**

Mailing Address 5850 CANOGA AVE.

City WOODLAND HILLS	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.5713**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN L MORIARITY**

Mailing Address 5850 CANOGA AVE.

City WOODLAND HILLS	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5711**

Amount of Each Receipt this Period  
500.00

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

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

950.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY MORRIS**

Mailing Address 525 NORTH BRIGHTON STREET

City State Zip Code  
BURBANK CA 91506

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

Name of Employer Occupation  
FARMERS INSURANCE TAX ACCOUNTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5715**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 16262 PINEVIEW RD.

City State Zip Code  
SANTA CLARITA CA 91387

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

Name of Employer Occupation  
MORTON GRINDING CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5718**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 16262 PINEVIEW RD.

City State Zip Code  
SANTA CLARITA CA 91387

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

Name of Employer Occupation  
MORTON GRINDING CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5717**

Amount of Each Receipt this Period  
200.00

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

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

525.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. DENNIS MULLINS</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 8901 SAINT CLOUD LANE		<b>Transaction ID : SA11AI.5720</b>
City BAKERSFIELD	State Zip Code CA 93311	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer KLEIN, DENATALE, GOLDNER, COOPER, RO	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. DANIEL MURPHY</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 1763 STONE CANYON ROAD		<b>Transaction ID : SA11AI.5722</b>
City LOS ANGELES	State Zip Code CA 90077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LOEB & LOEB LLP	Occupation PARTNER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. RICK MUTH</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 11100 BEACH BOULEVARD		<b>Transaction ID : SA11AI.5724</b>
City STANTON	State Zip Code CA 90680	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ORCO BLOCK COMPANY INC.	Occupation PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 105 OF 214		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**JOYCE D MUTZ**

Mailing Address 24321 WABUSKA ST.

City State Zip Code  
NEWHALL CA 91321

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

Name of Employer Occupation  
AMERICAN FAMILY FUNDING

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**50.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11AI.5726**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1643 ROWLAND DR.

City State Zip Code  
SANTA MARIA CA 93454

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5728**

Amount of Each Receipt this Period  
**2.00**

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

Mailing Address 3032 SUNSET CT.

City State Zip Code  
NORCO CA 92860

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

Name of Employer Occupation  
CHICAGO TITLE VICE PRESIDENT/SALES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.5730**

Amount of Each Receipt this Period  
**250.00**

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

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

**302.00**

**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 106 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PHIL NEIMAN**

Mailing Address 23500 MERIDEN PLACE

City VALENCIA State CA Zip Code 91354

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

Name of Employer ORGILL,INC Occupation SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.5732**

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
**CURT NEWNES**

Mailing Address 3116 E. 4TH STREET

City LONG BEACH State CA Zip Code 90814

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

Name of Employer CENTENNIAL PROPERTIES Occupation PROPERTY MANAGEMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.6077**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3634 LANG RANCH PARKWAY

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer FARMERS INSURANCE Occupation HEAD OF CLAIMS FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5734**

Amount of Each Receipt this Period  
250.00

**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 107 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. LEO O'HEARN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2014	
Mailing Address 3401 OCEAN DRIVE		<b>Transaction ID : SA11AI.5735</b>	
City OXNARD	State CA	Zip Code 93035	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>B. MR. ROBERT C OBRIEN JR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2014	
Mailing Address 524 DARTMOUTH PLACE		<b>Transaction ID : SA11AI.5737</b>	
City LA CANADA	State CA	Zip Code 91011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer ARENT FOX LLP	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. GREGORY OLIVER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2014	
Mailing Address 17 CHILTON AVENUE		<b>Transaction ID : SA11AI.5738</b>	
City SAN CARLOS	State CA	Zip Code 94070	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer CHICAGO TITLE COMPANY	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 108 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>ERIC OLOFSON</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 10433 BAINBRIDGE AVENUE		<b>Transaction ID : SA11AI.5740</b>
City LOS ANGELES	State CA	Zip Code 90024
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CUSHMAN & WAKEFIELD	Occupation COMMERCIAL REAL ESTATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>CARL OLSON</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014
Mailing Address P.O. BOX 6102		<b>Transaction ID : SA11AI.5741</b>
City WOODLAND HILLS	State CA	Zip Code 91365
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SELF	Occupation BUSINESS MANAGER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>DARCIE OUERBACKER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 622 TIERNEY AVE.		<b>Transaction ID : SA11AI.5742</b>
City VENTURA	State CA	Zip Code 93003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1275.00
<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 109 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3371 E. AVENUE H14

City State Zip Code  
LANCASTER CA 93535-2440

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

Name of Employer Occupation  
FARMERS INSURANCE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
78.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.6097**

Amount of Each Receipt this Period  
78.00

In-kind - EVENT INSURANCE

**B.** Full Name (Last, First, Middle Initial)  
**DAVID OWENS**

Mailing Address 3371 E. AVENUE H14

City State Zip Code  
LANCASTER CA 93535-2440

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

Name of Employer Occupation  
FARMERS INSURANCE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
156.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.6099**

Amount of Each Receipt this Period  
78.00

In-kind - EVENT INSURANCE

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

Mailing Address 3371 E. AVENUE H14

City State Zip Code  
LANCASTER CA 93535-2440

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

Name of Employer Occupation  
FARMERS INSURANCE INSURANCE AGENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
656.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5744**

Amount of Each Receipt this Period  
500.00

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

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

656.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**E. SCOTT PALMER**

Mailing Address 1136 LAVENDER LANE

City LA CANADA State CA Zip Code 91011

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

Name of Employer SCOTT H. PALMER P.C. Occupation ATTORNEY

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.5745**

Amount of Each Receipt this Period  
850.00

**B.** Full Name (Last, First, Middle Initial)  
**JACOB ALLEN PARSONS**

Mailing Address 5208 N. LINN AVE.

City OKLAHOMA CITY State OK Zip Code 73112

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

Name of Employer SELF Occupation POLITICAL CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5747**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**CLAYTON F PASCHEN SR.**

Mailing Address 1561 VIA ARACENA

City CAMARILLO State CA Zip Code 93010-7444

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

Name of Employer CLAYTON PASCHEN Occupation RESTAURANT 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 Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5749**

Amount of Each Receipt this Period  
250.00

**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 111 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DIANNE J PELLISSIER**

Mailing Address 15278 EL SONETO DRIVE

City WHITTIER State CA Zip Code 90605

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

Name of Employer RETIRED Occupation 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  
 02 / 11 / 2014

**Transaction ID : SA11AI.5750**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**STEVE PERRY**

Mailing Address 3253 SUNSET HILLS BOULEVARD

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer CHICAGO TITLE Occupation TITLE INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5752**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 24353 DRY CANYON COLD CREEK ROAD

City CALABASAS State CA Zip Code 91302

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

Name of Employer SELF Occupation ANESTHESIOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.5754**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LYNN PIPER**

Mailing Address 35728 BEAUTY VISTA LANE

City AGUA DULCE State CA Zip Code 91390

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 Y Y  
 01 / 28 / 2014

**Transaction ID : SA11AI.5756**

Amount of Each Receipt this Period  
 35.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY POLSON**

Mailing Address 254 NO. TIGERTAIL ROAD

City LOS ANGELES State CA Zip Code 90049

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

Name of Employer Occupation  
CYDCOR CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5758**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**JOAN M PORTEOUS**

Mailing Address 490 LA MARINA

City CAMARILLO State CA Zip Code 93010

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

Name of Employer Occupation  
RETIRED 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  
 03 / 31 / 2014

**Transaction ID : SA11AI.5760**

Amount of Each Receipt this Period  
 500.00

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

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

1035.00



**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. JASON POST</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 8149 SANTA MONICA BOULEVARD		<b>Transaction ID : SA11AI.5764</b>
City LOS ANGELES	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer POST INVESTMENT GROUP	Occupation REAL ESTATE	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. LAWRENCE POST</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1160 TOWER ROAD		<b>Transaction ID : SA11AI.5762</b>
City BEVERLY HILLS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer POST ADVISORY GROUP	Occupation INVESTMENT ADVISOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. EDWIN JOSEPH POULIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 22056 BREI COURT		<b>Transaction ID : SA11AI.5766</b>
City NEWHALL	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer REMAX	Occupation REAL ESTATE BROKER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<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 114 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL A POUTRE**

Mailing Address **PO BOX 1207**

City **SIMI VALLEY** State **CA** Zip Code **93062**

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

Name of Employer **EPLBOIM, POUTRE AND COMPANY** Occupation **STOCKBROKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.5767**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHRIS PREDMORE**

Mailing Address **2659 TOWNSGATE RD. STE. 212**

City **WESTLAKE VILLAGE** State **CA** Zip Code **91361**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5771**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DENNIS PREDMORE**

Mailing Address **2659 TOWNSGATE RD. STE. 212**

City **WESTLAKE VILLAGE** State **CA** Zip Code **91361**

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

Name of Employer **STATE FARM** Occupation **AGENCY OWNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.5769**

Amount of Each Receipt this Period  
**50.00**

**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 115 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JUDITH PROPRI**

Mailing Address 30106 DESERT ROSE DR.

City CASTAIC State CA Zip Code 91384

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 Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5773**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**JANET L PUCHLIK**

Mailing Address 17340 ZOLA ST.

City GRANADA HILLS State CA Zip Code 91344-1439

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

Name of Employer Occupation  
 TRUSTED ADVISOR PRINCIPAL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5775**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**RAYMOND R QUIRK**

Mailing Address 4411 GLEN KERNAN PKWY E.

City JACKSONVILLE State FL Zip Code 32224

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

Name of Employer Occupation  
 FIDELITY NATIONAL, INC. CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5777**

Amount of Each Receipt this Period  
 2600.00

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

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

3625.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM QUIROS**

Mailing Address 23929 LAKESIDE ROAD

City VALENCIA State CA Zip Code 91355

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

Name of Employer S&S PORTABLE SERVICES Occupation EXECUTIVE CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.5779**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SALLY RAPP**

Mailing Address 3308 OCEAN BLVD.

City CORONA DEL MAR State CA Zip Code 92625

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

Name of Employer SR. ADMINISTRATIVE SVC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.5781**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN M REARDON**

Mailing Address 26217 CHISWICK COURT

City VALENCIA State CA Zip Code 91355

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

Name of Employer VALENCIA NATIONAL BANK Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5783**

Amount of Each Receipt this Period  
 250.00

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

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

3850.00

**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 117 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. VICTOR I REICHMAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address PO BOX 1835		<b>Transaction ID : SA11AI.5785</b>
City LANCASTER	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. JOE A REINHARDT III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1056 W. DORCHESTER DR.		<b>Transaction ID : SA11AI.5787</b>
City SAINT JOHNS	State FL	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer FIDELITY NATIONAL FINANCIAL	Occupation EVP	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY V REINIG</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 2738 KNIGHTSBRIDGE AVE.		<b>Transaction ID : SA11AI.5789</b>
City THOUSAND OAKS	State CA	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 125.00
Name of Employer FARMERS INSURANCE GROUP	Occupation HEAD OF PERSONAL LINES UNDERWRITING	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> 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 118 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LAURA REINIG**

Mailing Address 2738 KNIGHTSBRIDGE AVE.

City THOUSAND OAKS State CA Zip Code 91362

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5791**

Amount of Each Receipt this Period  
 125.00

**B.** Full Name (Last, First, Middle Initial)  
**JAMES ANDREW RESER**

Mailing Address 587 RUSTIC HILLS DRIVE

City SIMI VALLEY State CA Zip Code 93065

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

Name of Employer **FARMERS INSURANCE** Occupation **HEAD OF SALES AND AGENCY MANAGEME**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.5793**

Amount of Each Receipt this Period  
 125.00

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

Mailing Address 45325 SANTA FE COVE

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer **VISTA COVE SENIOR LIVING, LLC** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.5795**

Amount of Each Receipt this Period  
 1000.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. REGINALD RICHARDSON**

Mailing Address 3359 BRYAN AVE.

City State Zip Code  
SIMI VALLEY CA 93063

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 Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5797**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM RIEDLEY**

Mailing Address 2065 BRENTWOOD STREET

City State Zip Code  
SIMI VALLEY CA 93063

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

Name of Employer Occupation  
FARMERS INSURANCE HEAD OF FIELD UNDERWRITING - COMMEF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5799**

Amount of Each Receipt this Period  
 125.00

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

Mailing Address 3827 CASTLEROCK ROAD

City State Zip Code  
MALIBU CA 90265

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

Name of Employer Occupation  
UNIVERSAL PAIN MANAGEMENT PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : SA11AI.5801**

Amount of Each Receipt this Period  
 1000.00

**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 120 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**FRANCIS RIEGLER**

Mailing Address 3827 CASTLEROCK ROAD

City MALIBU State CA Zip Code 90265

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

Name of Employer UNIVERSAL PAIN MANAGEMENT Occupation PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.5802**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**KAREN ROBERTSON**

Mailing Address 8186 NOELLE DRIVE

City HUNTINGTON BEACH State CA Zip Code 92646

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

Name of Employer FIDELITY NATIONAL TITLE Occupation SVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5804**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MELINDA L ROGERS**

Mailing Address 3485 MONTEREY RD

City SAN MARINO State CA Zip Code 91108

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

Name of Employer PACIFIC INDUSTRIAL PROPERTIES Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5806**

Amount of Each Receipt this Period  
200.00

**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 121 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. MR. JARROW ROGOVIN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014	
Mailing Address 1368 DEVLIN DR.		<b>Transaction ID : SA11AI.5808</b>	
City LOS ANGELES	State CA	Zip Code 90069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer JARROW FORMULAS, INC.	Occupation CORP. PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JARROW ROGOVIN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 1368 DEVLIN DR.		<b>Transaction ID : SA11AI.5809</b>	
City LOS ANGELES	State CA	Zip Code 90069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer JARROW FORMULAS, INC.	Occupation CORP. PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JARROW ROGOVIN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 1368 DEVLIN DR.		<b>Transaction ID : SA11AI.5810</b>	
City LOS ANGELES	State CA	Zip Code 90069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer JARROW FORMULAS, INC.	Occupation CORP. PRESIDENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 122 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROBIN ROSENZWEIG**

Mailing Address 7109 N. RODEO DR.

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
SELF CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5812**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBIN ROSENZWEIG**

Mailing Address 7109 N. RODEO DR.

City State Zip Code  
BEVERLY HILLS CA 90210

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

Name of Employer Occupation  
SELF CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5813**

Amount of Each Receipt this Period  
 5200.00

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

Mailing Address 29500 HEATHERCLIFF ROAD

City State Zip Code  
MALIBU CA 90265

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

Name of Employer Occupation  
GREENBERG TRAUERIG LLP ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5815**

Amount of Each Receipt this Period  
 250.00

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

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

5450.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MARK A ROYER**

Mailing Address 3301 TEXANA CT.

City ROUND ROCK	State TX	Zip Code 78681
--------------------	-------------	-------------------

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

Name of Employer FARMERS INSURANCE GROUP	Occupation DIRECTOR OF POLITICAL ACTION AND ADM
---	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5817**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW RUDNICKI**

Mailing Address 1686 E. JANSS ROAD

City THOUSAND OAKS	State CA	Zip Code 91362
-----------------------	-------------	-------------------

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

Name of Employer FARMERS INSURANCE	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 Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.5819**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL F RUNDE**

Mailing Address 6910 BONHEIM CT.

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer CSIS	Occupation SCHOLAR
--------------------------	-----------------------

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  
 02 / 25 / 2014

**Transaction ID : SA11AI.5821**

Amount of Each Receipt this Period  
250.00

**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: PAGE 124 OF 214  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address 708 S. CATALINA AVE.

City State Zip Code  
REDONDO BEACH CA 90277

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 Y Y  
 02 18 2014

**Transaction ID : SA11AI.5823**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**DAVID L SADLER**

Mailing Address PO BOX 630061

City State Zip Code  
SIMI VALLEY CA 93063

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

Name of Employer Occupation  
RETIRED 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  
 02 18 2014

**Transaction ID : SA11AI.5824**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER T SADOWSKI**

Mailing Address 1401 RIVERPLACE BLVD. APT. 2710

City State Zip Code  
JACKSONVILLE FL 32207

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

Name of Employer Occupation  
FIDELITY NATIONAL FINANCIAL GENERAL COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 28 2014

**Transaction ID : SA11AI.5826**

Amount of Each Receipt this Period  
 2600.00

**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 125 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MYRNA SALTZBERG**

Mailing Address **24416 HAMPTON DR. #B**

City **VALENCIA** State **CA** Zip Code **91355**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.5828**

Amount of Each Receipt this Period  
**10.00**

**B.** Full Name (Last, First, Middle Initial)  
**LEE SAMSON**

Mailing Address **9200 W. SUNSET BLVD. #700**

City **WEST HOLLYWOOD** State **CA** Zip Code **90069**

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

Name of Employer **SNF MANAGEMENT** Occupation **PRESIDENT AND CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.5830**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **10100 SUNBROOK DRIVE**

City **BEVERLY HILLS** State **CA** Zip Code **90210**

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

Name of Employer **UCLA** Occupation **PROFESSOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2014**

**Transaction ID : SA11AI.5832**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2010.00**

**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 126 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**LOREN SANDERS SR**

Mailing Address 2837 CACATUA ST

City State Zip Code  
CARLSBAD CA 92009

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

Name of Employer Occupation  
RETIRED PLUMBER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11AI.5834**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 15810 MILL MEADOW ROAD

City State Zip Code  
SANTA CLARITA CA 91387

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

Name of Employer Occupation  
MR. STAX, INC. PRES./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  
 03 / 13 / 2014

**Transaction ID : SA11AI.5835**

Amount of Each Receipt this Period  
600.00

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

Mailing Address 15810 MILL MEADOW ROAD

City State Zip Code  
SANTA CLARITA CA 91387

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

Name of Employer Occupation  
MR. STAX, INC. PRES./OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.6073**

Amount of Each Receipt this Period  
400.00

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

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

1010.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. CARLA SANDS</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 11611 SAN VICENTE BLVD. SUITE 1000		<b>Transaction ID : SA11AI.5839</b>
City LOS ANGELES State CA Zip Code 90049	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. FRED SANDS</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 11611 SAN VICENTE BLVD. SUITE 1000		<b>Transaction ID : SA11AI.5836</b>
City LOS ANGELES State CA Zip Code 90049	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	Name of Employer VINTAGE CAPITAL GROUP Occupation CHAIRMAN	Amount of Each Receipt this Period 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. FRED SANDS</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 11611 SAN VICENTE BLVD. SUITE 1000		<b>Transaction ID : SA11AI.5837</b>
City LOS ANGELES State CA Zip Code 90049	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer VINTAGE CAPITAL GROUP Occupation CHAIRMAN	Amount of Each Receipt this Period 3100.00
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).....	5200.00
<b>TOTAL</b> This Period (last page this line number only).....	5200.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SANTA YNEZ BAND OF MISSION INDIANS**

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: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6085**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**SANTA YNEZ BAND OF MISSION INDIANS**

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: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.6086**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
 2600.00

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

Mailing Address 371 HAWKCREST CIRCLE

City: SACRAMENTO      State: CA      Zip Code: 95835

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

Name of Employer: FARMERS INSURANCE      Occupation: HEAD OF STATE LEGISLATIVE AFFAIRS

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5841**

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

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

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

\_\_\_\_\_

5700.00

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**SCHEDULE A (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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ROSEMARY SCAPELLATI**

Mailing Address 44030 NORTH HEATON AVENUE

City State Zip Code  
LANCASTER CA 93534

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5843**

Amount of Each Receipt this Period

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

Mailing Address 31200 VIA COLINAS

City State Zip Code  
WESTLAKE VILLAGE CA 91362

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
JHS PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5845**

Amount of Each Receipt this Period

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

Mailing Address 3841 HAYVENHURST DRIVE

City State Zip Code  
ENCINO CA 91436

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ARES MANAGEMENT LLC MONEY MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5847**

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 130 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MARION A SCHARFFENBERGER**

Mailing Address 4 APPALOOSA LANE

City State Zip Code  
ROLLING HILLS CA 90274

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5848**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**MARNA SCHNABEL**

Mailing Address 162 S. BURLINGAME AVENUE

City State Zip Code  
LOS ANGELES CA 90049

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
DEL MAR AVIONICS BUSINESSWOMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5850**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**DEBI NICOLE SCHRAMM**

Mailing Address 23933 VIA HAMACA

City State Zip Code  
VALENCIA CA 91355

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 : SA11AI.5852**

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 131 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**BETH SCHROCK**

Mailing Address 1100 EARLHAM COURT

City State Zip Code  
OAK PARK CA 91377

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

Name of Employer Occupation  
FARMERS INSURANCE VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11AI.5854**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4020 VIA LARGAVISTA

City State Zip Code  
PALOS VERDES ESTATES CA 90274

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

Name of Employer Occupation  
FIRST Q CAPITAL FINANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.5856**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 17733 ROYCE DRIVE WEST

City State Zip Code  
ENCINO CA 91316

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

Name of Employer Occupation  
JRK ASSET MANAGEMENT REAL ESTATE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : SA11AI.5858**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DR SCOTT SCHUMACHER**

Mailing Address 20402 VIA MEDICI

City Porter Ranch State CA Zip Code 91326

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

Name of Employer **IBM** Occupation **ENGINEER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5860**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 121 BERNOULLI

City Oxnard State CA Zip Code 93030

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

Name of Employer **CANTEEN OF COASTAL CALIFORNIA, INC.** Occupation **VP AND GENERAL MANAGER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.5862**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**RALPH D SCRIBA**

Mailing Address 2055 VIA VISALIA

City Palos Verdes Estates State CA Zip Code 90274

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5863**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>RALPH D SCRIBA</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2055 VIA VISALIA		<b>Transaction ID : SA11AI.5864</b>
City PALOS VERDES ESTATES	State Zip Code CA 90274	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>JOHN SEMCKEN</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1820 HOLMBY AVENUE #5		<b>Transaction ID : SA11AI.5866</b>
City LOS ANGELES	State Zip Code CA 90025	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MAJESTIC REALTY	Occupation SENIOR VICE PRESIDENT	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>RUSSINA SGOUREVA</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3720 BOISE AVENUE		<b>Transaction ID : SA11AI.5868</b>
City LOS ANGELES	State Zip Code CA 90066	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer FARMERS INSURANCE	Occupation VICE PREISDENT, CA AUTO & HOME	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<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 134 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JAYNE SHAPIRO**

Mailing Address **277 SOUTH SPALDING DRIVE**  
**#401**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11AI.5870**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**LINDA SHEFFIELD**

Mailing Address **420 W. STOCKER ST.**  
**APT. A**

City **GLENDALE** State **CA** Zip Code **91202**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.5872**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address **3925 PRADO DEL MAIZ**

City **CALABASAS** State **CA** Zip Code **91302**

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

Name of Employer **SELF** Occupation **PSYCHOLOGIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 19 / 2014**

**Transaction ID : SA11AI.5874**

Amount of Each Receipt this Period  
**500.00**

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

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

**1025.00**

**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 135 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**RICK SHRIVER**

Mailing Address 25809 FLEMMING PLACE

City State Zip Code  
STEVENSON RANCH CA 91381

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP HEAD OF WESTERN ZONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5876**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**CAROL L SIEGFRIED**

Mailing Address 150 PLEASANT DR.

City State Zip Code  
NOTTINGHAM PA 19362-9144

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

Name of Employer Occupation  
FARMERS INSURANCE GROUP CHIEF RISK OFFICER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5878**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MARGUERITE E SIM GLEITMAN**

Mailing Address 511 16TH STREET

City State Zip Code  
SANTA MONICA CA 90402

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5880**

Amount of Each Receipt this Period  
500.00

**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 136 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DANTE R SIMI**

Mailing Address 6047 MIRKWOOD CT.

City PALMDALE State CA Zip Code 93551-1630

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

Name of Employer DESERT SANDS CHARTER HIGH SCHOOL Occupation EDUCATION

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5882**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 510 DOHENY ROAD

City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer SELF Occupation REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.5884**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM E SIMON JR.**

Mailing Address 11100 SANTA MONICA BOULEVARD

City LOS ANGELES State CA Zip Code 90025

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

Name of Employer WILLIAM E. SIMON & SONS Occupation CO-CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5886**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00



**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 137 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**DESI SINCLAIR**

Mailing Address 223 EAST THOUSAND OAKS BLVD.  
SUITE 415

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer MIRAMAR EYE Occupation CEO

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  
 03 / 05 / 2014

**Transaction ID : SA11AI.5888**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**KEITH SINCLAIR**

Mailing Address 223 E THOUSAND OAKS BLVD  
#415

City THOUSAND OAKS State CA Zip Code 91360

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

Name of Employer SINCLAIR CO. Occupation REAL ESTATE

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  
 03 / 05 / 2014

**Transaction ID : SA11AI.5889**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 828 NORTH SPAULDING AVENUE

City LOS ANGELES State CA Zip Code 90046

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

Name of Employer EARLY, SULLIVAN, ET AL 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 Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5891**

Amount of Each Receipt this Period  
250.00

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

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

2250.00

**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 138 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SHELDON SLOAN**

Mailing Address 311 NORTH ROBERTSON BOULEVARD  
SUITE 823

City State Zip Code  
BEVERLY HILLS CA 90211

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

Name of Employer Occupation  
SELF ATTORNEY

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  
 03 / 31 / 2014

**Transaction ID : SA11AI.5895**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. TIMOTHY J SLOAN**

Mailing Address 1320 WOODSTOCK RD.

City State Zip Code  
SAN MARINO CA 91108

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

Name of Employer Occupation  
WELLS FARGO BANK CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5893**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1010 GARRIDO COURT

City State Zip Code  
CAMARILLO CA 93010

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

Name of Employer Occupation  
EARLY SULLIVAN ET AL ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5897**

Amount of Each Receipt this Period  
500.00

**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 139 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. ROY SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 726 EISENHOWER WAY		<b>Transaction ID : SA11AI.5899</b>	
City SIMI VALLEY	State CA	Zip Code 93065	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS INSURANCE	Occupation PRESIDENT OF EA DISTRIBUTION		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. STANLEY R SMITH</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 930 RAVENSBURY ST.		<b>Transaction ID : SA11AI.5901</b>	
City LAKE SHERWOOD	State CA	Zip Code 91361	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>C. FRANK SOLDANO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 3927 EAST CREST LANE		<b>Transaction ID : SA11AI.5903</b>	
City PHOENIX	State AZ	Zip Code 85050	Amount of Each Receipt this Period _____ 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer FARMERS INSURANCE GROUP	Occupation HEAD OF SALES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 125.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1125.00
<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 140 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**NANCY E SPICER**

Mailing Address 19530 DRYCLIFF ST.

City State Zip Code  
CANYON CNTRY CA 91351

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  
 03 / 25 / 2014

**Transaction ID : SA11AI.5905**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 26642 BROOKS CIRCLE

City State Zip Code  
STEVENSON RANCH CA 91381

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

Name of Employer Occupation  
MK BATTERY VP OPERATIONS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.5907**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 452 NORTH MURTLA AVENUE

City State Zip Code  
MONROVIA CA 91016

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

Name of Employer Occupation  
GARREY AND TULLY ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5909**

Amount of Each Receipt this Period  
 1000.00

**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 141 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**PETER STARRETT**

Mailing Address 1765 ALTA MURA ROAD

City State Zip Code  
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation  
PETER STARRETT ASSOCIATES PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.5911**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY STEPHANI**

Mailing Address 1778 STANHOPE COURT

City State Zip Code  
LAKE SHERWOOD CA 91361

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

Name of Employer Occupation  
RETIRED 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  
 03 / 12 / 2014

**Transaction ID : SA11AI.5913**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. TODD STEVENS**

Mailing Address 22060 ROLLING RIDGE DRIVE

City State Zip Code  
SANTA CLARITA CA 91350

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

Name of Employer Occupation  
OCCIDENTAL PETROLEUM CORP VICE 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  
 02 / 03 / 2014

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period  
500.00

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

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

3350.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**GARY STEWART**

Mailing Address 120 CUMBERLAND RD

City: GLENDALE State: CA Zip Code: 91202

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

Name of Employer: SBR INC. Occupation: ROOFING CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.5917**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY STEWART**

Mailing Address 120 CUMBERLAND RD

City: GLENDALE State: CA Zip Code: 91202

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

Name of Employer: SBR INC. Occupation: ROOFING CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.5920**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**GARY E. STEWART**

Mailing Address 120 CUMBERLAND RD

City: GLENDALE State: CA Zip Code: 91202

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

Name of Employer: SBR INC. Occupation: ROOFING CONTRACTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.5919**

Amount of Each Receipt this Period: 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ANTONIE B STRICKLAND**

Mailing Address 804 BRADFORD AVE.

City State Zip Code  
CAMARILLO CA 93010

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  
 02 / 11 / 2014

**Transaction ID : SA11AI.5922**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 804 BRADFORD AVE.

City State Zip Code  
CAMARILLO CA 93010

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.5924**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 880 CHULA VISTA AVENUE

City State Zip Code  
PASADENA CA 91103

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

Name of Employer Occupation  
SELF CORPORATE BOARD MEMBER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11AI.5926**

Amount of Each Receipt this Period  
 1000.00

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

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

1300.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MARY SUGARMAN</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 9440 SANTA MONICA BLVD. #407		<b>Transaction ID : SA11AI.5928</b>
City BEVERLY HILLS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer M. HART, INC.	Occupation TV ANCHOR	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>MR. MATTHEW CONAN SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 900 CHESTER AVENUE		<b>Transaction ID : SA11AI.5930</b>
City SAN MARINO	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LEE AND ASSOCIATES	Occupation PRINCIPAL	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>CAROL SWANSON PRICE</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 47-425 EAST ELDORADO DR.		<b>Transaction ID : SA11AI.5932</b>
City INDIAN WELLS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<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 145 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**SYCUAN BAND OF THE KYMEYAA Y NATION**

Mailing Address **2 KWAAYPAAY COURT**

City **EL CAJON** State **CA** Zip Code **92019**

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 Y Y  
**02 / 11 / 2014**

**Transaction ID : SA11AI.6083**

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

**B.** Full Name (Last, First, Middle Initial)  
**STEPHENIE THOMAS**

Mailing Address **359 B STREET**

City **FILLMORE** State **CA** Zip Code **93015**

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 Y Y  
**03 / 23 / 2014**

**Transaction ID : SA11AI.5934**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**4.00**

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

Mailing Address **683 SEDGEWORTH COURT**

City **SIMI VALLEY** State **CA** Zip Code **93065**

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

Name of Employer **FARMERS INSURANCE** Occupation **CLO**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_

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

**Transaction ID : SA11AI.5936**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**250.00**

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

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

\_\_\_\_\_

\_\_\_\_\_

**1754.00**

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**BILL J THOMPSON**

Mailing Address 24307 MAGIC MOUNTAIN PKWY

City VALENCIA State CA Zip Code 91355

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

Name of Employer LAW OFFICES OF BILL J. THOMPSON Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.5938**

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
**JESSICA THOMPSON**

Mailing Address PO BOX 995

City SIMI VALLEY State CA Zip Code 93062

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 Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.5940**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 300 DELFERN DRIVE

City LOS ANGELES State CA Zip Code 90077

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

Name of Employer IMPACT DESIGN, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5942**

Amount of Each Receipt this Period  
 500.00

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

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

720.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MARK TOOHEY**

Mailing Address **2424 SPRINGBROOK STREET**

City **THOUSAND OAKS** State **CA** Zip Code **91362**

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

Name of Employer **FARMERS INSURANCE** Occupation **HEAD OF POLITICAL ACTION AND INDUSTR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : SA11AI.5946**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT TOOHEY**

Mailing Address **1755 GRANVILLE AVENUE #5**

City **LOS ANGELES** State **CA** Zip Code **90025**

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

Name of Employer **FARMERS INSURANCE** Occupation **GOVERNMENT AFFAIRS COORDINATOR**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2014**

**Transaction ID : SA11AI.5944**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address **22212 OLD FOSSIL RD.**

City **SAN ANTONIO** State **TX** Zip Code **78261**

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

Name of Employer **FARMERS INSURANCE** Occupation **COO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.5948**

Amount of Each Receipt this Period  
**250.00**

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

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

**875.00**

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JAMES R UKROPINA**

Mailing Address 635 ROCKWOOD ROAD

City PASADENA State CA Zip Code 91105

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5950**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GARY R URQUHART**

Mailing Address 8220 MERGANSER DR.

City PONTE VEDRA BEACH State FL Zip Code 32082

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

Name of Employer FIDELITY NATIONAL FINANCIAL Occupation GENERAL COUNSEL

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5952**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 5670 WILSHIRE BOULEVARD  
SUITE 1250

City LOS ANGELES State CA Zip Code 90036

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

Name of Employer SELF Occupation REAL ESTATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5954**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

**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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**MARILYN VANDEVER**

Mailing Address 970 BROOKTREE ROAD

City State Zip Code  
SANTA BARBARA CA 93108

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

Name of Employer Occupation  
RETIRED 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  
 03 / 10 / 2014

**Transaction ID : SA11AI.5958**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**D. MICHAEL VAN KONYNENBURG**

Mailing Address 13681 W. SUNSET BLVD.

City State Zip Code  
PACIFIC PALISADES CA 90272-4019

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

Name of Employer Occupation  
EASTDIL SECURED PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.5956**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3409 DEERLANE DRIVE

City State Zip Code  
DUARTE CA 91010

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

Name of Employer Occupation  
FARMERS INSURANCE ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
95.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.5960**

Amount of Each Receipt this Period  
95.00

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

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

1345.00

**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 150 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ESTHER WACHTELL**

Mailing Address 10883 OAK KNOLL ROAD

City OJAI State CA Zip Code 93023

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5962**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS WACHTELL**

Mailing Address 10883 OAK KNOLL ROAD

City OJAI State CA Zip Code 93023

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5964**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 1816 KIRSTEN LEE DRIVE

City WESTLAKE VILLAGE State CA Zip Code 91361

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

Name of Employer FARMERS INSURANCE Occupation HEAD OF TERRITORY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.5966**

Amount of Each Receipt this Period  
 200.00

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

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

5400.00

**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 151 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES WARD**

Mailing Address 9087 MEADOWRUN WAY

City SAN DIEGO State CA Zip Code 92129

FEC ID number of contributing federal political committee. **C**

Name of Employer CORNERTURN LLC Occupation SYSTEMS ENGINEER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 23 / 2014**

**Transaction ID : SA11AI.5967**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**NICHOLAS WEBER**

Mailing Address PO BOX 50113

City LOS ANGELES State CA Zip Code 93150

FEC ID number of contributing federal political committee. **C**

Name of Employer WEBER DISTRIBUTION 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  
**01 / 27 / 2014**

**Transaction ID : SA11AI.5968**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**NICK WEISER**

Mailing Address 533 ASHLAND APT. 110

City SANTA MONICA State CA Zip Code 90405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.5970**

Amount of Each Receipt this Period  
**150.00**

**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 152 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AARON WEISSMAN**

Mailing Address 17366 RAINBOW RIDGE CIRCLE

City GRANADA HILLS State CA Zip Code 91344

FEC ID number of contributing federal political committee. **C**

Name of Employer NOVIAN & NOVIAN, LLP Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.5972**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK JACOB WERKSMAN**

Mailing Address 7 ACACIA ROAD

City ROLLING HILLS State CA Zip Code 90274

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.5974**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR WHITE**

Mailing Address 1271 CHATEAU ROAD

City PASADENA State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5976**

Amount of Each Receipt this Period  
 500.00

**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 153 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**REED WHITLOCK**

Mailing Address 212 CAMINO CORTINA

City State Zip Code  
CAMARILLO CA 93010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FARMERS INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.5978**

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
**DAMON WILLENS**

Mailing Address 61 ROLLINGWOOD DRIVE

City State Zip Code  
ROLLING HILLS ESTATES CA 90274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ANDERSON MCPHARYN & CONNERS 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  
 03 / 26 / 2014

**Transaction ID : SA11AI.5980**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**ALAN WILLIAMS**

Mailing Address 1816 ROCKING HORSE DRIVE

City State Zip Code  
SIMI VALLEY CA 93065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED 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  
 02 / 20 / 2014

**Transaction ID : SA11AI.5981**

Amount of Each Receipt this Period  
250.00

**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 154 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LANCE WILLIAMS**

Mailing Address 21080 CENTRE POINTE PARKWAY

City State Zip Code  
SANTA CLARITA CA 91350

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WILLIAMS HOMES, INC. HOME BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.6093**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**DIANE B WILSEY**

Mailing Address 2590 JACKSON STREET

City State Zip Code  
SAN FRANCISCO CA 94115

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WILSEY FOUNDATION PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5982**

Amount of Each Receipt this Period

\$400 REFUNDED 4/10/14

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID WEST WILSON**

Mailing Address 1400 N. TUSTIN

City State Zip Code  
ORANGE CA 92867

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
AUTOMOBILE DEALER DAVID WILSON FORD

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.5989**

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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GARY L WILSON**

Mailing Address 355 S. GRAND AVENUE, SUITE 1710

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GARY L. WILSON PRIVATE INVESTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5991**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**MRS. HOLLY F WILSON**

Mailing Address 100 ROCKLEDGE ROAD

City State Zip Code  
LAGUNA BEACH CA 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
HOMEMAKER 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  
 02 / 07 / 2014

**Transaction ID : SA11AI.5987**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN W WILSON**

Mailing Address 5733 WHITE CLOUD CIR.

City State Zip Code  
WESTLAKE VILLAGE CA 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KRAMER-WILSON CO. INSURANCE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5985**

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

**SCHEDULE A (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 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WELDON WILSON**

Mailing Address 3930 ALOMAR DR.

City State Zip Code  
SHERMAN OAKS CA 91423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
KRAMER-WILSON CO., INC. CHAIRMAN AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.5984**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**BARRY WOLFE**

Mailing Address 22578 FLAMINGO STREET

City State Zip Code  
WOODLAND HILLS CA 91364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED 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  
 03 / 28 / 2014

**Transaction ID : SA11AI.5992**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**STEFAN WOLOWICZ**

Mailing Address 27917 SAN NICOLAS DR.

City State Zip Code  
RANCHO PALOS VERDES CA 90275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED 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  
 02 / 18 / 2014

**Transaction ID : SA11AI.5993**

Amount of Each Receipt this Period  
250.00

**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 157 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DR. SOPHIE C WONG**

Mailing Address 565 JADE TREE DRIVE

City Monterey Park State CA Zip Code 91754

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN REALTY Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.5995**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT WOOLWAY**

Mailing Address 282 SOUTH SAN RAFAEL AVENUE

City PASADENA State CA Zip Code 91105

FEC ID number of contributing federal political committee. **C**

Name of Employer TRINITY CAPITAL Occupation MANAGING DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.5997**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM A WRIGHT**

Mailing Address 2470 COLDWATER CANYON DR.

City BEVERLY HILLS State CA Zip Code 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer EARLY & SULLIVAN ET. AL. Occupation ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.5999**

Amount of Each Receipt this Period  
 250.00

**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 158 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SHERRY S YOUNAN**

Mailing Address 2400 WHITE STALLION ROAD

City WESTLAKE VILLAGE State CA Zip Code 91361

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

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  
**03 / 31 / 2014**

**Transaction ID : SA11AI.6001**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. ZAYA YOUNAN**

Mailing Address 2400 WHITE STALLION ROAD

City THOUSAND OAKS State CA Zip Code 91361

FEC ID number of contributing federal political committee. **C**

Name of Employer **YOUNAN PROPERTIES, INC.** Occupation **CEO**

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  
**03 / 31 / 2014**

**Transaction ID : SA11AI.6003**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**LINDA L ZARUKA**

Mailing Address 2067 ALBORADA DR.

City CAMARILLO State CA Zip Code 93010

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** 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  
**02 / 25 / 2014**

**Transaction ID : SA11AI.6005**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** 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 159 OF 214
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>KEITH ZIMMET</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2014	
Mailing Address 3829 DAVIDS ROAD		<b>Transaction ID : SA11Al.6007</b>	
City AGOURA	State CA	Zip Code 91301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer LEWITT, HACKMAN, ET.AL.	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y Y Y	
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	320689.88

**SCHEDULE A (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 214	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**21ST CENTURY PAC**

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00315747**

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 Y Y  
02 / 11 / 2014

**Transaction ID : SA11C.6032**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMGEN INC. POLITICAL ACTION COMMITTEE**

Mailing Address 601 13TH STREET, NW  
12TH FLOOR

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00251876**

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 Y Y  
02 / 18 / 2014

**Transaction ID : SA11C.6052**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**ANESTHESIA SERVICE MEDICAL GROUP ADVOCACY FUND**

Mailing Address 7185 NAVAJO ROAD SUITE P

City State Zip Code  
SAN DIEGO CA 92119

FEC ID number of contributing federal political committee. **C C00216184**

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 Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.6054**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11000.00



**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 161 OF 214
	<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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ARENT FOX LLP PAC (AFPAC)**

Mailing Address **ARENT FOX LLP**  
**1717 K STREET NW**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00241380**

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  
**02 / 11 / 2014**

**Transaction ID : SA11C.6030**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**BANK OF AMERICA CORPORATION STATE AND FEDERAL PAC**

Mailing Address **1100 NORTH KING STREET,**  
**DE5-001-02-07**

City **WILMINGTON** State **DE** Zip Code **19884**

FEC ID number of contributing federal political committee. **C C00043489**

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  
**03 / 25 / 2014**

**Transaction ID : SA11C.6058**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**BUCK MCKEON FOR CONGRESS**

Mailing Address **23942 LYONS AVE #105**

City **SANTA CLARITA** State **CA** Zip Code **91321**

FEC ID number of contributing federal political committee. **C C00258244**

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  
**01 / 15 / 2014**

**Transaction ID : SA11C.5193**

Amount of Each Receipt this Period  
**2000.00**

In-kind - LIST RENTAL

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**6500.00**

**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 162 OF 214
	<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)  
**STRICKLAND FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
CA ASSOCIATION OF PHYSICIAN GROUPS FEDERAL PAC (CAPG FEDERAL PAC)

Mailing Address 915 WILSHIRE BLVD SUITE 1620  
City LOS ANGELES State CA Zip Code 90017

FEC ID number of contributing federal political committee. **C** C00461756

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  
03 / 31 / 2014  
**Transaction ID : SA11C.6022**

Amount of Each Receipt this Period  
1000.00

B. Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE  
City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

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  
03 / 28 / 2014  
**Transaction ID : SA11C.6048**

Amount of Each Receipt this Period  
5000.00

C. Full Name (Last, First, Middle Initial)  
**DUNCAN D. HUNTER FOR CONGRESS**

Mailing Address P.O. BOX 1545  
City EL CAJON State CA Zip Code 92022

FEC ID number of contributing federal political committee. **C** C00433524

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  
03 / 28 / 2014  
**Transaction ID : SA11C.5203**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 214
	<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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 600 CORPORATE PARK DRIVE

City ST. LOUIS State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C** C00219642

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 Y Y  
 03 / 28 / 2014

**Transaction ID : SA11C.6026**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG POLITICAL ACTION COMMITTEE**

Mailing Address 1101 NEW YORK AVENUE, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00227744

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 Y Y  
 02 / 25 / 2014

**Transaction ID : SA11C.6036**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**EUREKA POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 30844

City BETHESDA State MD Zip Code 20824

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11C.6024**

Amount of Each Receipt this Period  
 2500.00

**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 164 OF 214
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN

**A.** Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code  
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00135681

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  
 03 / 04 / 2014

**Transaction ID : SA11C.6103**

Amount of Each Receipt this Period  
 1000.00  
 In-kind - STAFF TIME

Full Name (Last, First, Middle Initial)  
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN

**B.** Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code  
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00135681

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  
 03 / 31 / 2014

**Transaction ID : SA11C.6064**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN

**C.** Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code  
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00135681

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.6065**

Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional).....

5000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 214
	<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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FIDELITY NATIONAL FINANCIAL INC PAC 2001**

Mailing Address 601 RIVERSIDE AVE

City JACKSONVILLE State FL Zip Code 32204

FEC ID number of contributing federal political committee. **C** C00364455

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 Y Y  
 03 / 28 / 2014

**Transaction ID : SA11C.6028**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF STEVE LAVAGNINO**

Mailing Address 2151 S. COLLEGE DR. SUITE 101

City SANTA MARIA State CA Zip Code 93455

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5206**

Amount of Each Receipt this Period  
 2200.00

EXCESS TO BE REFUNDED

**C.** Full Name (Last, First, Middle Initial)  
**HERBALIFE PAC**

Mailing Address 990 WEST 190TH STREET

City TORRANCE State CA Zip Code 90502

FEC ID number of contributing federal political committee. **C** C00393298

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 Y Y  
 03 / 25 / 2014

**Transaction ID : SA11C.6042**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8200.00

**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 214
	<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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HUMANE SOCIETY LEGISLATIVE FUND**

Mailing Address 519 C STREET NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C90009358

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.6016**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

Mailing Address 412 FIRST STREET, SE, SUITE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

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 Y Y  
 02 / 11 / 2014

**Transaction ID : SA11C.6034**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC**

Mailing Address PO BOX 3799

City VISTA State CA Zip Code 92085

FEC ID number of contributing federal political committee. **C** C00450320

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.6020**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10000.00

**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 214
	<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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KEN CALVERT FOR CONGRESS COMMITTEE**

Mailing Address **PO BOX 78376**

City **CORONA** State **CA** Zip Code **92877**

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.5201**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address **600 14TH STREET, NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00236489**

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 Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11C.6018**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address **1125 EXECUTIVE CIRCLE**

City **IRVING** State **TX** Zip Code **75038**

FEC ID number of contributing federal political committee. **C C00140061**

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 Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11C.6050**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 214  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**O'MELVENY & MYERS POLITICAL ACTION COMMITTEE**

Mailing Address 1625 EYE STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00159954

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 Y Y  
 02 / 11 / 2014

**Transaction ID : SA11C.6062**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11C.6056**

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
**PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 700 NEWPORT CENTER DRIVE

City State Zip Code  
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

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  
 03 / 10 / 2014

**Transaction ID : SA11C.6040**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00



**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 169 OF 214	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PROSPERITY ACTION INC.**

Mailing Address 1006 PENDLETON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00377689

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 Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.6014**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**ROMNEY FOR PRESIDENT INC.**

Mailing Address C/O RED CURVE SOLUTIONS LLC  
138 CONANT ST. 1ST FLOOR

City State Zip Code  
BEVERLY MA 01915

FEC ID number of contributing federal political committee. **C** C00431171

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 Y Y  
03 / 28 / 2014

**Transaction ID : SA11C.5205**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 19100 RIDGEWOOD PARKWAY

City State Zip Code  
SAN ANTONIO TX 78259

FEC ID number of contributing federal political committee. **C** C00358366

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 Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.6060**

Amount of Each Receipt this Period  
1000.00

**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 170 OF 214
	<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)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL PAC**

Mailing Address **720 E WISCONSIN AVE**

City **MILWAUKEE** State **WI** Zip Code **53202**

FEC ID number of contributing federal political committee. **C C00197095**

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  
**03 / 28 / 2014**

**Transaction ID : SA11C.6046**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **ONE VALERO WAY**

City **SAN ANTONIO** State **TX** Zip Code **78249**

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

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11C.6044**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES**

Mailing Address **1300 I ST NW, STE 400 WEST**  
**ATTN: TAYLOR CRAIG**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00186288**

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  
**03 / 31 / 2014**

**Transaction ID : SA11C.6038**

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: PAGE 171 OF 214  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WALTERS FOR CONGRESS**

Mailing Address C/O 8001 IRVINE CENTER DRIVE, #400

City IRVINE State CA Zip Code 92618

FEC ID number of contributing federal political committee. **C** C00546853

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 Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.5199**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

90200.00

**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 172 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ASURION</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 648 GRASSMERE PARK #300		Amount of Each Disbursement this Period 99.00
City NASHVILLE State TN Zip Code 37211	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.5107)	
Candidate Name		Transaction ID : SB17.5116 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. BOB HOPE AIRPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2627 NORTH HOLLYWOOD WAY		Amount of Each Disbursement this Period 31.00
City BURBANK State CA Zip Code 91505	Purpose of Disbursement TRAVEL: PARKING (WANGSAPORN SB17.5044)	
Candidate Name		Transaction ID : SB17.5068 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BUCK MCKEON FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 23942 LYONS AVE #105		Amount of Each Disbursement this Period 2000.00
City SANTA CLARITA State CA Zip Code 91321	Purpose of Disbursement In-kind - LIST RENTAL	
Candidate Name		Transaction ID : SB17.5195
Office Sought: <input checked="" 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: CA District: 25	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<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 173 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CALIFORNIA GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 67 DAILY DRIVE		Amount of Each Disbursement this Period 34.03
City CAMARILLO State CA Zip Code 93010	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5083)	
Candidate Name	Category/Type	Transaction ID : SB17.5088 <b>[MEMO ITEM]</b>
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. CALIFORNIA VOTER GUIDE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1954 W. CARSON STREET SUITE B		Amount of Each Disbursement this Period 5249.00
City TORRANCE State CA Zip Code 90501	Purpose of Disbursement PRINTING AND POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.4995
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. CENTURY CITY SANTA MONICA VALET</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 10250 SANTA MONICA BLVD.		Amount of Each Disbursement this Period 14.00
City LOS ANGELES State CA Zip Code 90067	Purpose of Disbursement TRAVEL: PARKING (WANGSAPORN SB17.5107)	
Candidate Name	Category/Type	Transaction ID : SB17.5109 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5249.00
<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 174 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHEVRON STATION</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 18692 MACARTHUR BLVD.		Amount of Each Disbursement this Period 52.70
City IRVINE	State CA	
Zip Code 92612	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5107)	Transaction ID : SB17.5111
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CITY OF SANTA BARBARA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1221 ANACAPA STREET		Amount of Each Disbursement this Period 4.50
City SANTA BARBARA	State CA	
Zip Code 93101	Purpose of Disbursement TRAVEL: PARKING (WANGSAPORN SB17.5044)	Transaction ID : SB17.5061
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CROWN PLAZA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 5985 W. CENTURY CITY BLVD.		Amount of Each Disbursement this Period 10.50
City LOS ANGELES	State CA	
Zip Code 90045	Purpose of Disbursement TRAVEL: PARKING (WANGSAPORN SB17.5107)	Transaction ID : SB17.5123
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 175 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 3883 E. FOOTHILL BLVD.		Amount of Each Disbursement this Period 4.89
City PASADENA State CA Zip Code 91107	Purpose of Disbursement OFFICE SUPPLIES (WANGSAPORN SB17.5083)	
Candidate Name	Category/Type	Transaction ID : SB17.5104 <b>[MEMO ITEM]</b>
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. DENNY'S</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 832 NEW LOS ANGELES AVE.		Amount of Each Disbursement this Period 27.61
City MOORPARK State CA Zip Code 93021	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)	
Candidate Name	Category/Type	Transaction ID : SB17.5135 <b>[MEMO ITEM]</b>
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. DENNY'S</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 37724 CASTAIC ROAD		Amount of Each Disbursement this Period 23.50
City CASTAIC State CA Zip Code 91384	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)	
Candidate Name	Category/Type	Transaction ID : SB17.5141 <b>[MEMO ITEM]</b>
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:	

<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 176 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DMH MEYER, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1560-1 NEWBURY ROAD		Amount of Each Disbursement this Period 497.63 <b>Transaction ID : SB17.5040</b>
City NEWBURY PARK	State CA	
Zip Code 91320	Purpose of Disbursement PRINTING & DESIGN SERVICES	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. DMH MEYER, INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 1560-1 NEWBURY ROAD		Amount of Each Disbursement this Period 6036.25 <b>Transaction ID : SB17.5182</b>
City NEWBURY PARK	State CA	
Zip Code 91320	Purpose of Disbursement PRINTING & DESIGN SERVICES	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. EGG'S N THINGS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1542 N. MOORPARK RD.		Amount of Each Disbursement this Period 44.36 <b>Transaction ID : SB17.5086</b> <b>[MEMO ITEM]</b>
City THOUSAND OAKS	State CA	
Zip Code 91360	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5083)	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6533.88
<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 177 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EVERNOTE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 305 WALNUT STREET		Amount of Each Disbursement this Period 45.00
City REDWOOD CITY	State CA Zip Code 94063	
Purpose of Disbursement SOFTWARE (WANGSAPORN SB17.5107)		Transaction ID : SB17.5120
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2350 KERNER BLVD., SUITE 250		Amount of Each Disbursement this Period 1000.00
City SAN RAFAEL	State CA Zip Code 94901	
Purpose of Disbursement In-kind - STAFF TIME		Transaction ID : SB17.6104
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 17.90
City MEMPHIS	State TN Zip Code 38119	
Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5044)		Transaction ID : SB17.5053
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)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<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 178 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 17.90
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5058 <b>[MEMO ITEM]</b>
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. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 17.90
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5064 <b>[MEMO ITEM]</b>
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. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.07
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5071)	
Candidate Name	Category/Type	Transaction ID : SB17.5074 <b>[MEMO ITEM]</b>
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:		

<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 179 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 17.90
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5071)	
Candidate Name		Transaction ID : SB17.5079 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.23
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5083)	
Candidate Name		Transaction ID : SB17.5102 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 34.75
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5107)	
Candidate Name		Transaction ID : SB17.5121 <b>[MEMO ITEM]</b>
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:	Category/Type	

<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 180 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 34.44
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5107)	
Candidate Name	Category/Type	Transaction ID : SB17.5126 <b>[MEMO ITEM]</b>
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. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 34.44
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5107)	
Candidate Name	Category/Type	Transaction ID : SB17.5127 <b>[MEMO ITEM]</b>
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. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.07
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5107)	
Candidate Name	Category/Type	Transaction ID : SB17.5128 <b>[MEMO ITEM]</b>
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:		

<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 181 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.15
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5130)	
Candidate Name		Transaction ID : SB17.5131 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.07
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5130)	
Candidate Name		Transaction ID : SB17.5138 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 942 S. SHADY GROVE RD.		Amount of Each Disbursement this Period 18.07
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY (WANGSAPORN SB17.5130)	
Candidate Name		Transaction ID : SB17.5151 <b>[MEMO ITEM]</b>
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:	Category/Type	

<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 182 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GORDON BIRSCH BREWERY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 145 S. SAN FERNANDO BLVD.		Amount of Each Disbursement this Period 75.39
City BURBANK	State CA	
Zip Code 91502	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5083)	Transaction ID : SB17.5099
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GS STRATEGY GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 350 N. 9TH STREET, SUITE 550		Amount of Each Disbursement this Period 17100.00
City BOISE	State ID	
Zip Code 83702	Purpose of Disbursement POLLING EXPENSE	Transaction ID : SB17.4997
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HAMMOND &amp; ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address PO BOX 368		Amount of Each Disbursement this Period 2642.56
City FALLS CHURCH	State VA	
Zip Code 22040	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.5026
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19742.56
<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 183 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.5012</b>
City CANYON COUNTRY	State CA	
Zip Code 91351	Purpose of Disbursement STRATEGY CONSULTING	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. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.5042</b>
City CANYON COUNTRY	State CA	
Zip Code 91351	Purpose of Disbursement STRATEGY CONSULTING	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. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 136.25 <b>Transaction ID : SB17.5153</b>
City CANYON COUNTRY	State CA	
Zip Code 91351	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8136.25
<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 184 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EVAN HANDY</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 19839 DRASIN DRIVE			Amount of Each Disbursement this Period 192.22	
City CANYON COUNTRY	State CA	Zip Code 91351	Transaction ID : SB17.5158	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		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. EVAN HANDY</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 19839 DRASIN DRIVE			Amount of Each Disbursement this Period 425.85	
City CANYON COUNTRY	State CA	Zip Code 91351	Transaction ID : SB17.5163	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		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. EVAN HANDY</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 19839 DRASIN DRIVE			Amount of Each Disbursement this Period 225.00	
City CANYON COUNTRY	State CA	Zip Code 91351	Transaction ID : SB17.5169	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	843.07
<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 185 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EVAN HANDY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 22.94
City CANYON COUNTRY	State CA Zip Code 91351	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO	Category/Type	<b>Transaction ID : SB17.5172</b>
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. HYATT REGENCY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 3777 LA JOLLA VILLAGE DRIVE		Amount of Each Disbursement this Period 216.51
City SAN DIEGO	State CA Zip Code 92122	
Purpose of Disbursement TRAVEL: LODGING (WANGSAPORN SB17.5107)	Category/Type	<b>Transaction ID : SB17.5114</b> <b>[MEMO ITEM]</b>
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. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 24053.04
City PRINSTON	State NJ Zip Code 08540	
Purpose of Disbursement PLACED MEDIA	Category/Type	<b>Transaction ID : SB17.5017</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	24075.98
<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 186 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JAMESTOWN ASSOCIATES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 5 MAPLETON ROAD, SUITE 300		Amount of Each Disbursement this Period 1850.00 <b>Transaction ID : SB17.5027</b>
City PRINSTON State NJ Zip Code 08540	Purpose of Disbursement MEDIA PRODUCTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JOHN O'GROATS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 16120 VENTURE BLVD.		Amount of Each Disbursement this Period 45.55 <b>Transaction ID : SB17.5095</b> <b>[MEMO ITEM]</b>
City ENCINO State CA Zip Code 91436	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5083)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BREEGAN JOHNSON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 43301 12TH STREET WEST		Amount of Each Disbursement this Period 639.88 <b>Transaction ID : SB17.6107</b>
City LANCASTER State CA Zip Code 93534	Purpose of Disbursement In-kind - FACILITY RENTAL/ CATERING SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2489.88
<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 187 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KHTS RADIO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 27225 CAMP PLENTY ROAD UNIT 8		Amount of Each Disbursement this Period 750.00
City SANTA CLARITA State CA Zip Code 91351	Category/Type	
Purpose of Disbursement PLACED MEDIA	Candidate Name	Transaction ID : SB17.5010
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. LANDSLIDE COMMUNICATIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 30011 IVY GLENN DRIVE, SUITE 223		Amount of Each Disbursement this Period 17100.00
City LAGUNA NIGUEL State CA Zip Code 92677	Category/Type	
Purpose of Disbursement DIRECT MAIL: PRINTING & POSTAGE	Candidate Name	Transaction ID : SB17.5015
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. LOS ANGELES COUNTY REGISTRAR OF VOTERS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 12400 IMPERIAL HIGHWAY		Amount of Each Disbursement this Period 5500.00
City NORWALK State CA Zip Code 90650	Category/Type	
Purpose of Disbursement VOTER LIST	Candidate Name	Transaction ID : SB17.5032
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23350.00
<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 188 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LOWE'S</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1275 SIMI TOWN CENTER WAY		Amount of Each Disbursement this Period 160.93
City SIMI VALLEY	State CA	
Zip Code 93065	Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5163)	Transaction ID : SB17.5168
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LUCKY'S</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1279 COAST VILLAGE ROAD		Amount of Each Disbursement this Period 31.06
City MONTECITO	State CA	
Zip Code 93108	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5044)	Transaction ID : SB17.5055
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MARIE CALLANDERS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 27630 THE OLD RD.		Amount of Each Disbursement this Period 40.42
City VALENCIA	State CA	
Zip Code 91355	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)	Transaction ID : SB17.5143
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 189 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARIE CALLANDERS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 27630 THE OLD RD.		Amount of Each Disbursement this Period 35.21
City VALENCIA	State CA Zip Code 91355	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)		Transaction ID : SB17.5144
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MARMALADE CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 140 PROMENADE WAY SUITE #1		Amount of Each Disbursement this Period 29.69
City WESTLAKE VILLAGE	State CA Zip Code 91362	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5044)		Transaction ID : SB17.5050
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MIMIS CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 19710 NORDHOFF PL.		Amount of Each Disbursement this Period 29.48
City CHATSWORTH	State CA Zip Code 91311	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)		Transaction ID : SB17.5147
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 190 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2340 KUEHNER DR.		Amount of Each Disbursement this Period 25.00
City SIMI VALLEY	State CA	
Zip Code 97611	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5083)	Transaction ID : SB17.5093
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 725 WEST HUNTINGTON DRIVE		Amount of Each Disbursement this Period 13.61
City MONROVIA	State CA	
Zip Code 91016	Purpose of Disbursement OFFICE SUPPLIES (WANGSAPORN SB17.5044)	Transaction ID : SB17.5063
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 725 WEST HUNTINGTON DRIVE		Amount of Each Disbursement this Period 77.37
City MONROVIA	State CA	
Zip Code 91016	Purpose of Disbursement OFFICE SUPPLIES (WANGSAPORN SB17.5083)	Transaction ID : SB17.5091
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 144 2ND STREET 1ST FLOOR		Amount of Each Disbursement this Period 14.38
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.4993	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PIRYX, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 144 2ND STREET 1ST FLOOR		Amount of Each Disbursement this Period 14.38
City SAN FRANCISCO State CA Zip Code 94105	Transaction ID : SB17.5013	
Purpose of Disbursement MERCHANT FEES		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PLUVIOUS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 515 S. FIGUEROA STREET, 16TH FLOOR		Amount of Each Disbursement this Period 3416.04
City LOS ANGELES State CA Zip Code 90071	Transaction ID : SB17.4998	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3444.80
<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 192 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PLUVIOUS GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 515 S. FIGUEROA STREET, 16TH FLOOR			Amount of Each Disbursement this Period 18926.72	
City LOS ANGELES	State CA	Zip Code 90071	Transaction ID : SB17.5183	
Purpose of Disbursement FUNDRAISING CONSULTING		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. POLITICAL DATA INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address PO BOX 59570			Amount of Each Disbursement this Period 7520.64	
City NORWALK	State CA	Zip Code 90652	Transaction ID : SB17.5004	
Purpose of Disbursement ONLINE SUBSCRIPTION		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. PREVAIL STRATEGIES</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014	
Mailing Address 400 FIRST STREET SE, SECOND FLOOR			Amount of Each Disbursement this Period 4000.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.5006	
Purpose of Disbursement COMMUNICATIONS CONSULTING		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30447.36
<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 193 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

**A. PREVAIL STRATEGIES**

Full Name (Last, First, Middle Initial)  
Mailing Address 400 FIRST STREET SE, SECOND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 18 / 2014

Amount of Each Disbursement this Period: 412.91

Transaction ID : SB17.5028

**B. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 10 / 2014

Amount of Each Disbursement this Period: 7221.49

Transaction ID : SB17.5002

**C. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 138 CONANT STREET

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 11 / 2014

Amount of Each Disbursement this Period: 2439.22

Transaction ID : SB17.5023

**SUBTOTAL** of Disbursements This Page (optional) ..... 10073.62

**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 194 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 138 CONANT STREET		Amount of Each Disbursement this Period 2459.19
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5043</b>
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. RIVERWOOD STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 439 E. SHORE DRIVE SUITE 100		Amount of Each Disbursement this Period 4000.00
City EAGLE State ID Zip Code 83616	Purpose of Disbursement COMMUNICATIONS CONSULTING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5185</b>
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. SECRETARY OF STATE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 1500 11TH STREET		Amount of Each Disbursement this Period 1740.00
City SACRAMENTO State CA Zip Code 95814	Purpose of Disbursement FILING FEE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5022</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8199.19
<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 195 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHAKERS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 601 FAIR OAKS		Amount of Each Disbursement this Period 15.70
City SOUTH PASADENA State CA Zip Code 91030	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5071)	
Candidate Name	Category/Type	Transaction ID : SB17.5081 <b>[MEMO ITEM]</b>
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. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 32.43
City MOORPARK State CA Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5048 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 42.27
City MOORPARK State CA Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5051 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 53.50
City MOORPARK	State CA	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5044)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 51.51
City MOORPARK	State CA	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5044)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 56.50
City MOORPARK	State CA	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5044)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2104 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 197 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 60.50
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5071)		Transaction ID : SB17.5075
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 56.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5071)		Transaction ID : SB17.5076
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 60.89
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5071)		Transaction ID : SB17.5077
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 198 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 63.00
City MOORPARK	State CA	
Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5071)	Transaction ID : <b>SB17.5078</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 58.00
City MOORPARK	State CA	
Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5071)	Transaction ID : <b>SB17.5082</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 40.00
City MOORPARK	State CA	
Zip Code 93021	Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5130)	Transaction ID : <b>SB17.5084</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 58.59
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5083)		Transaction ID : SB17.5089
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 51.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5107)		Transaction ID : SB17.5112
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 58.67
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5107)		Transaction ID : SB17.5124
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 45.99
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5107)		Transaction ID : SB17.5125
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 45.91
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5107)		Transaction ID : SB17.5129
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 30.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5130)		Transaction ID : SB17.5139
Candidate Name		
Office Sought:	Disbursement For: 2014	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 201 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 40.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5083)		Transaction ID : SB17.5145
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 30.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5130)		Transaction ID : SB17.5148
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 6599 COLLINS DRIVE		Amount of Each Disbursement this Period 50.00
City MOORPARK	State CA Zip Code 93021	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5130)		Transaction ID : SB17.5152
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 202 OF 214	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GURSHARAN SIDHU</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1890 PRAIRIE CITY ROAD		Amount of Each Disbursement this Period 46.00
City FOLSOM State CA Zip Code 95630	Purpose of Disbursement TRAVEL: GROUND TRANSPORTATION (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5066 <b>[MEMO ITEM]</b>
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. SIGNATURE PARKING</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1482 E. VALLEY RD. SUITE 311		Amount of Each Disbursement this Period 14.00
City MONTECITO State CA Zip Code 93108	Purpose of Disbursement PARKING (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5046 <b>[MEMO ITEM]</b>
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. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 2702 LOVE FIELD DR.		Amount of Each Disbursement this Period 429.80
City DALLAS State TX Zip Code 75235	Purpose of Disbursement TRAVEL: AIR (WANGSAPORN SB17.5044)	
Candidate Name	Category/Type	Transaction ID : SB17.5070 <b>[MEMO ITEM]</b>
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:	

<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 203 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 25570 N. OLD ROAD		Amount of Each Disbursement this Period 69.72
City VALENCIA	State CA Zip Code 91355	
Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5158)		Transaction ID : SB17.5160
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. STARBUCKS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 24802 ORCHARD VILLAGE		Amount of Each Disbursement this Period 13.95
City SANTA CLARITA	State CA Zip Code 91355	
Purpose of Disbursement MEETING EXPENSE: MEALS (HANDY SB17.5172)		Transaction ID : SB17.5189
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. SUKI SUSHI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 5708 E. LOS ANGELES AVE.		Amount of Each Disbursement this Period 34.99
City SIMI VALLEY	State CA Zip Code 93063	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)		Transaction ID : SB17.5150
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)	[MEMO ITEM]
State: District:	Category/Type	

<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 204 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE JUSTIN COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 1130 ROBERTSON WAY			Amount of Each Disbursement this Period 2092.29	
City SACRAMENTO	State CA	Zip Code 95818	Transaction ID : SB17.5030	
Purpose of Disbursement DIRECT MAIL: PRINTING		Category/ Type		
Candidate Name				
Office Sought:	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. THE ORIGINAL SAUGUS CAFE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 25861 RAILROAD AVE.			Amount of Each Disbursement this Period 27.50	
City SAUGUS	State CA	Zip Code 91350	Transaction ID : SB17.5106	
Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5083)		Category/ Type		
Candidate Name			[MEMO ITEM]	
Office Sought:	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. THE PROSPER GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 435 EAST MAIN STREET STE 250			Amount of Each Disbursement this Period 8000.00	
City GREENWOOD	State IN	Zip Code 46143	Transaction ID : SB17.5001	
Purpose of Disbursement WEB DEVELOPMENT		Category/ Type		
Candidate Name				
Office Sought:	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10092.29
<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 205 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE PROSPER GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014	
Mailing Address 435 EAST MAIN STREET STE 250			Amount of Each Disbursement this Period 137.50	
City GREENWOOD	State IN	Zip Code 46143	Transaction ID : SB17.5035	
Purpose of Disbursement WEB DEVELOPMENT		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. THE PROSPER GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 435 EAST MAIN STREET STE 250			Amount of Each Disbursement this Period 1200.00	
City GREENWOOD	State IN	Zip Code 46143	Transaction ID : SB17.5180	
Purpose of Disbursement WEB ADVERTISING		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. U.A. PROPERTY MANAGEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014	
Mailing Address 22916 LYONS AVENUE #1A			Amount of Each Disbursement this Period 2530.00	
City SANTA CLARITA	State CA	Zip Code 91321	Transaction ID : SB17.5020	
Purpose of Disbursement RENT		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3867.50
<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 206 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U.A. PROPERTY MANAGEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014	
Mailing Address 22916 LYONS AVENUE #1A			Amount of Each Disbursement this Period 1265.00	
City SANTA CLARITA	State CA	Zip Code 91321	Transaction ID : <b>SB17.5181</b>	
Purpose of Disbursement RENT		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. UNOCLE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 28529 SAND CANYON			Amount of Each Disbursement this Period 59.42	
City CANYON COUNTRY	State CA	Zip Code 91387	Transaction ID : <b>SB17.5097</b>	
Purpose of Disbursement TRAVEL: FUEL (WANGSAPORN SB17.5083)		Category/ Type		
Candidate Name			[MEMO ITEM]	
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. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 2157 TAPO ST.			Amount of Each Disbursement this Period 30.00	
City SIMI VALLEY	State CA	Zip Code 93063	Transaction ID : <b>SB17.5101</b>	
Purpose of Disbursement POST OFFICE BOX RENTAL (WANGSAPORN SB17.5083)		Category/ Type		
Candidate Name			[MEMO ITEM]	
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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1265.00
<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 207 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 23640 LYONS AVE.		Amount of Each Disbursement this Period 122.50
City SANTA CLARITA	State CA	
Zip Code 91321	Purpose of Disbursement POSTAGE (HANDY SB17.5158)	Transaction ID : <b>SB17.5162</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 19839 DRASIN DRIVE		Amount of Each Disbursement this Period 225.00
City CANYON COUNTRY	State CA	
Zip Code 91351	Purpose of Disbursement POSTAL BRM PERMIT (HANDY SB17.5169)	Transaction ID : <b>SB17.5171</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VENTURA COUNTY REGISTRAR OF VOTERS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 800 S VICTORIA AVE		Amount of Each Disbursement this Period 1225.00
City VENTURA	State CA	
Zip Code 93009	Purpose of Disbursement VOTER LIST	Transaction ID : <b>SB17.5037</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1225.00
<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 208 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VERIZON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 209.62
City DALLAS State TX Zip Code 75266	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.5130)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5133</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 3458 WILSHIRE BLVD.		Amount of Each Disbursement this Period 358.47
City LOS ANGELES State CA Zip Code 90010	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.5071)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5073</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX 660108		Amount of Each Disbursement this Period 437.77
City DALLAS State TX Zip Code 75266	Purpose of Disbursement MOBILE PHONE EXPENSE (WANGSAPORN SB17.5107)	
Candidate Name	Category/Type	<b>Transaction ID : SB17.5118</b>
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)	<b>[MEMO ITEM]</b>
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 209 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VISTEVA</b>		Date of Disbursement MM / DD / YYYY 01 / 10 / 2014
Mailing Address 9877 CHAPMAN AVE. #D192		Amount of Each Disbursement this Period 45.00
City GARDEN GROVE	State CA	
Zip Code 92841	Purpose of Disbursement NETWORK SERVICE & SUPPORT	Transaction ID : SB17.4999
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 27931 KELLY JOHNSON PKWY		Amount of Each Disbursement this Period 54.50
City SANTA CLARITA	State CA	
Zip Code 91355	Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5153)	Transaction ID : SB17.5155
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2014
Mailing Address 27931 KELLY JOHNSON PKWY		Amount of Each Disbursement this Period 54.50
City SANTA CLARITA	State CA	
Zip Code 91355	Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5153)	Transaction ID : SB17.5156
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.00
<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 210 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 27931 KELLY JOHNSON PKWY		Amount of Each Disbursement this Period 27.25
City SANTA CLARITA State CA Zip Code 91355	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5153)		Transaction ID : SB17.5157
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 26471 CARL BOYER DR.		Amount of Each Disbursement this Period 83.71
City SANTA CLARITA State CA Zip Code 91350	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5163)		Transaction ID : SB17.5165
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 26471 CARL BOYER DR.		Amount of Each Disbursement this Period 181.21
City SANTA CLARITA State CA Zip Code 91350	Category/Type	
Purpose of Disbursement OFFICE SUPPLIES (HANDY SB17.5163)		Transaction ID : SB17.5166
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014		
Mailing Address PO BOX283			Amount of Each Disbursement this Period 4000.00		
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.5008		
Purpose of Disbursement STRATEGY CONSULTING		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. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014		
Mailing Address PO BOX283			Amount of Each Disbursement this Period 2500.00		
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.5025		
Purpose of Disbursement STRATEGY CONSULTING		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. CHRIS WANGSAPORN</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014		
Mailing Address PO BOX283			Amount of Each Disbursement this Period 889.57		
City SIERRA MADRE	State CA	Zip Code 91025	Transaction ID : SB17.5044		
Purpose of Disbursement REIMBURSEMENT: SEE MEMO		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7389.57
<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 212 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 708.53 <b>Transaction ID : SB17.5071</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	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. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 540.33 <b>Transaction ID : SB17.5083</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	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. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 1198.75 <b>Transaction ID : SB17.5107</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2447.61
<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 213 OF 214	
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS WANGSAPORN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address PO BOX283		Amount of Each Disbursement this Period 657.39 <b>Transaction ID : SB17.5130</b>
City SIERRA MADRE	State CA	
Zip Code 91025	Purpose of Disbursement REIMBURSEMENT: SEE MEMO	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. YARD HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 1247 RANCHO VISTA BLVD.		Amount of Each Disbursement this Period 52.27 <b>Transaction ID : SB17.5137</b>
City PALMDALE	State CA	
Zip Code 93551	Purpose of Disbursement MEETING EXPENSE: MEALS (WANGSAPORN SB17.5130)	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:	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. YUM YUM DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 23342 LYONS AVE.		Amount of Each Disbursement this Period 8.99 <b>Transaction ID : SB17.5190</b>
City NEWHALL	State CA	
Zip Code 91321	Purpose of Disbursement MEETING EXPENSE: MEALS (HANDY SB17.5172)	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:	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	657.39
<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 214 OF 214			
	<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)  
**STRICKLAND FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. YUM YUM DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 23342 LYONS AVE.		Amount of Each Disbursement this Period 0.00
City NEWHALL State CA Zip Code 91321	Purpose of Disbursement MEETING EXPENSE: MEALS (MURPHY 3/24)	
Candidate Name	Category/Type	Transaction ID : SB17.5191 <b>[MEMO ITEM]</b>
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.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period 0.00
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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 0.00
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	172574.95