

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
Gagnier for Congress 2014

ADDRESS (number and street) 12650 Orange Avenue
 Check if different than previously reported. (ACC) Chino CA 91710

2. **FEC IDENTIFICATION NUMBER** C C00559260 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CA 35

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 06 / 03 / 2014 in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Christina Gagnier
Signature of Treasurer Christina Gagnier *[Electronically Filed]* Date 07 / 14 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Gagnier for Congress 2014

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))....	13034.45	13034.45
(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)).....	13034.45	13034.45
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15212.49	15212.49
(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)).....	15212.49	15212.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1844.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

Gagnier for Congress 2014

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).....	5700.00	5700.00
(ii) Unitemized.....	3653.00	3653.00
(iii) TOTAL of contributions from individuals ▶	9353.00	9353.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	3681.45	3681.45
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13034.45	13034.45
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	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)..... ▶	13034.45	13034.45

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15212.49	15212.49
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15212.49	15212.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4023.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13034.45
25. SUBTOTAL (add Line 23 and Line 24).....	17057.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15212.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1844.97

**SCHEDULE A (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 15
	<input 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)
Gagnier for Congress 2014

A. Full Name (Last, First, Middle Initial)
Kuji Chahal

Mailing Address 268 Bush Street
#3207

City San Francisco State CA Zip Code 94104-3254

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

Name of Employer Fisher Investments Occupation Institutional Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Randall House

Mailing Address 13412 Saddleback Pass

City Austin State TX Zip Code 78738-6148

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

Name of Employer Self Employed Occupation Advertising/Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Randall House

Mailing Address 13412 Saddleback Pass

City Austin State TX Zip Code 78738-6148

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

Name of Employer Self Employed Occupation Advertising/Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
 100.00

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

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

3200.00

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

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

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NAME OF COMMITTEE (In Full)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Miles Lasater		Date of Receipt MM / DD / YYYY 04 / 04 / 2014
Mailing Address 80 Autumn Street		Transaction ID : SA11AI.4108
City New Haven	State CT	
Zip Code 06511		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Higher One	Occupation Entrepreneur	
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. Bill Maile		Date of Receipt MM / DD / YYYY 04 / 23 / 2014
Mailing Address 960 9th Street, 16th Floor		Transaction ID : SA11AI.4118
City Sacramento	State CA	
Zip Code 95814-2736		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ERepublic	Occupation Editor	
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) C. Donovan McKendrick		Date of Receipt MM / DD / YYYY 04 / 09 / 2014
Mailing Address P.O. Box 591145		Transaction ID : SA11AI.4112
City San Francisco	State CA	
Zip Code 94159		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DMcK Law	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 7 OF 15
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gagnier for Congress 2014

A. Full Name (Last, First, Middle Initial)
Pearl Miller

Mailing Address 1481 Skyline Drive

City Fullerton State CA Zip Code 92831

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
 05 / 12 / 2014

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Anne Swire

Mailing Address 1862 Abilene Way

City Claremont State CA Zip Code 91711

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

Name of Employer Self-Employed Occupation Non-Profit Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Chris Tolles

Mailing Address 1001 Elwell Court

City Palo Alto State CA Zip Code 94303

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

Name of Employer Topix Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 09 / 2014

Transaction ID : SA11AI.4114

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

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NAME OF COMMITTEE (In Full)
Gagnier for Congress 2014

A. Full Name (Last, First, Middle Initial)
Ray Vincent

Mailing Address 3777 Live Oak Drive

City Pomona State CA Zip Code 91767

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

Name of Employer N/A Occupation N/A

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
 05 / 12 / 2014

Transaction ID : SA11Al.4122

Amount of Each Receipt this Period
250.00

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).....

250.00

5700.00

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

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NAME OF COMMITTEE (In Full)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Christina Gagnier		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 12650 Orange Avenue		Transaction ID : SA11D.4299	
City Chino State CA Zip Code 91710	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C H4CA35049	Name of Employer Self-Employed Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 50.00		

Full Name (Last, First, Middle Initial) B. Christina Gagnier		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 12650 Orange Avenue		Transaction ID : SA11D.4125	
City Chino State CA Zip Code 91710	Amount of Each Receipt this Period _____ 3631.45		
FEC ID number of contributing federal political committee. C H4CA35049	Name of Employer Self-Employed Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3681.45		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address		_____	
City State Zip Code	Amount of Each Receipt this Period _____		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

SUBTOTAL of Receipts This Page (optional).....	_____ 3681.45
TOTAL This Period (last page this line number only).....	_____ 3681.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15			
	<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)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. A to Z Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 4330 Van Buren Blvd		Amount of Each Disbursement this Period 567.00 Transaction ID : SB17.4151
City Riverside	State CA	
Zip Code 92503	Purpose of Disbursement	Category/ Type 004
Candidate Name Gagnier for Congress 2014	Office Sought: <input checked="" 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: CA District: 35	

Full Name (Last, First, Middle Initial) B. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1401 21st Street, Suite 200		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4146
City Sacramento	State CA	
Zip Code 95811	Purpose of Disbursement Endorsement Caucus Fee	Category/ Type
Candidate Name Gagnier for Congress 2014	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 35	

Full Name (Last, First, Middle Initial) c. Callfire		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1410 2nd Street, Suite 200		Amount of Each Disbursement this Period 299.00 Transaction ID : SB17.4153
City Santa Monica	State CA	
Zip Code 90403	Purpose of Disbursement	Category/ Type 004
Candidate Name Gagnier for Congress 2014	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 35	

SUBTOTAL of Disbursements This Page (optional).....	1216.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15			
	<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)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Callfire		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1410 2nd Street, Suite 200		Amount of Each Disbursement this Period 2.00 Transaction ID : SB17.4155
City Santa Monica State CA Zip Code 90403	Purpose of Disbursement 004 Category/Type	
Candidate Name Gagnier for Congress 2014		
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: 35		

Full Name (Last, First, Middle Initial) B. Callfire		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1410 2nd Street, Suite 200		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4156
City Santa Monica State CA Zip Code 90403	Purpose of Disbursement 004 Category/Type	
Candidate Name Gagnier for Congress 2014		
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: 35		

Full Name (Last, First, Middle Initial) c. Convergence Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 2900 29th Street NW		Amount of Each Disbursement this Period 8279.43 Transaction ID : SB17.4148
City Washington State DC Zip Code 20008	Purpose of Disbursement 004 Category/Type	
Candidate Name Gagnier for Congress 2014		
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: 35		

SUBTOTAL of Disbursements This Page (optional).....	8531.43
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15			
	<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)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Downtown & Vine		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1200 K Street, #8		Amount of Each Disbursement this Period 325.50 Transaction ID : SB17.4137
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Fundraiser	Category/ Type 003
Candidate Name Gagnier for Congress 2014	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: 35	

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 422.81 Transaction ID : SB17.4161
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Sponsored Ads	Category/ Type 004
Candidate Name Gagnier for Congress 2014	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: 35	

Full Name (Last, First, Middle Initial) c. HGFX Design		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 2011 E Gladstone Street, Ste B		Amount of Each Disbursement this Period 222.20 Transaction ID : SB17.4131
City Glendora	State CA	
Zip Code 91740	Purpose of Disbursement HGFX Design	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	970.51
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 13 OF 15			
	<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)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 448 S. Hill St, Suite 200		Amount of Each Disbursement this Period 499.00 Transaction ID : SB17.4127
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Nationbuilder Software	Category/ Type 004
Candidate Name Gagnier for Congress 2014	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: 35	

Full Name (Last, First, Middle Initial) B. Nationbuilder		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 448 S. Hill St, Suite 200		Amount of Each Disbursement this Period 499.00 Transaction ID : SB17.4159
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement	Category/ Type 004
Candidate Name Gagnier for Congress 2014	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: 35	

Full Name (Last, First, Middle Initial) c. Office Depot		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 2205 S. Grove Avenue		Amount of Each Disbursement this Period 183.31 Transaction ID : SB17.4203
City Ontario	State CA	
Zip Code 91762	Purpose of Disbursement	Category/ Type 001
Candidate Name Gagnier for Congress 2014	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: 35	

SUBTOTAL of Disbursements This Page (optional).....	1181.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15			
	<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)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 2702 Love Field		Amount of Each Disbursement this Period 423.00 Transaction ID : SB17.4133
City Dallas State TX Zip Code 75235	Purpose of Disbursement Southwest Airlines 002 Category/Type	
Candidate Name Gagnier for Congress 2014	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: 35		

Full Name (Last, First, Middle Initial) B. Uribe Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 2900 Adams Street		Amount of Each Disbursement this Period 406.91 Transaction ID : SB17.4172
City Riverside State CA Zip Code 92504	Purpose of Disbursement 004 Category/Type	
Candidate Name Gagnier for Congress 2014	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: 35		

Full Name (Last, First, Middle Initial) c. Uribe Printing		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 2900 Adams Street		Amount of Each Disbursement this Period 432.00 Transaction ID : SB17.4135
City Riverside State CA Zip Code 92504	Purpose of Disbursement Uribe Printing 004 Category/Type	
Candidate Name Gagnier for Congress 2014	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: 35		

SUBTOTAL of Disbursements This Page (optional).....	1261.91
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 15 OF 15			
	<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)
Gagnier for Congress 2014

Full Name (Last, First, Middle Initial) A. Uribe Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2900 Adams Street		Amount of Each Disbursement this Period 840.32
City Riverside	State CA Zip Code 92504	
Purpose of Disbursement	Category/Type 004	Transaction ID : SB17.4150
Candidate Name Gagnier for Congress 2014		
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: 35		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	840.32
TOTAL This Period (last page this line number only).....	14001.48