12030772293

FEC FORM 3

> Use Only

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

2012 APR 12 AM 11: 22

(Revised 02/2003)

I. NAMI COM	E OF MITTEE (in full)	TYPE OR PRIN	NT ♥		le: If typing e lines.	g, type	15FC4M	AIL	CENTER	
Johr	ı Lewallen	for Congr	ress Com	mitte	e			<u>, l i</u>	<u>i </u>	
1 . 1	t e i i i de le .	(_ L _ ;;		<u> </u>	1 1		<u> </u>	:i
\nnpecc	(number and stree4)		Box 455			L	<u> </u>		on sign our limite tides, saids some	اسما
▼		!) ,	. <u>i</u> !		!i. 1	<u>L L</u>	ı <u>(</u>	<u> </u>
t	Check if different han previously eported. (ACC)	Philo					CA	954	66 J-L	
2. FEC	IDENTIFICATION I	NUMBER ▼	CIT	, A			STATE A		ZIP CODE	•
C.	00517:	201	3. IS TH	ıs	NEW)	AMEN	IDED	STATE ▼	DISTRICT
O	00511-	3	REPO		(N)	OR	(A)		CA	02
	E OF REPORT (Concurrence of Concurrence of Concurre	Report (Q1)	(b) 12-Day	Pri	ction Repo mary (12P) nvention (1		General Special		Run	off (12R)
-	October 15 Quart	terly Report (Q3)	Election	on on		• . •		J	in the State of	
	January 31 Year-l	End Report (YE)	(c) 30-Day	POST-E	ection Rep	ort for the:	•			
				Ge	neral (30G)	•	Runoff (30R)	Spe	cial (30S)
	Termination Repo	ort (TER)	Election	on on	June	5,2012	2	••	in the State of	CA
. Cove	ring Period Dec	. 1, 2011		•	through	April	30, 20	12 [*]	: 4 4	
certify th	at I have examined	this Report and t	o the best of	my knowle	edge and b	elief it is tru	e, correct ar	nd com	olete.	
	rint Name of Treasur	Jol	hn J. Le	ewalle	ll.)Da	ate Ap	, , ,	12,	2019
IOTE: Sut	omission of false, erro	orleous, or incompl	/ lete information	may subje	ect the pers					
	Office Use							FE	C FORM	3 .

SUMMARY PAGE of Receipts and Disbursements

Write or Type Committee Name John Lewallen for Congress Committee

Report Covering the Period:

2030772294

From:

Dec.1, 2011

To: April 30,2012

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
3.	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	1903.25	1903.25
	(b) Total Contribution Refunds (from Line 20(d))	· · · · · ·	i . !
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1903.25	1903.25
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	2387.36	2387.36
	(b) Total Offsets to Operating Expenditures (from Line 14)	A	3
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2387.36	2387.36
	Cash on Hand at Close of Reporting Period (from Line 27)	2816.23	2816.23
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
 D.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3,300	3300

For further information contact:

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

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

FE5AN018

DETAILED SUMMARY PAGE

of Receipts

Page 3 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

John Lewallen for Congress Committee

Report Covering the Period:

From: Dec.1, 2011

To: April 30, 2012

I. RECEIPTS			COLUMN A Total This Period			COLUMN B Election Cycle-to-Date			
11.	СО	NTRIBUTIONS (other than loans) FROM:							
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		50	500			500		
		(ii) Unitemized	1403	.25			1403	.25	
		(iii) TOTAL of contributions from individuals	1903	.25	•		1903	.25	: *
	(b)	Political Party Committees Other Political Committees	. :	;	л	1		į	
		(such as PACs)	ź	·	•	. 4 -			•
	(d) (e)	The Candidate TOTAL CONTRIBUTIONS (other than loans)	,					v	я
		(add Lines 11(a)(iii). (b). (c), and (d))	•			1		i	a
12.		ANSFERS FROM OTHER THORIZED COMMITTEES				:		;	
 3.	LOANS:								
		Made or Guaranteed by the Candidate	3300				3300		-
		All Other Loans TOTAL LOANS			2				٠.
		(add Lines 13(a) and (b))			ī	:		7	•
14.	EXF	FSETS TO OPERATING PENDITURES funds, Rebates, etc.)							
15.	OTI	HER RECEIPTS idends, Interest, etc.)	• 34			. 1	.34		
16.	11(6	FAL RECEIPTS (add Lines e), 12, 13(c), 14, and 15) rry Total to Line 24, page 4)	5203.59)			5203	_	-

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Disbursements

Page 4

II. DISBURSEMENTS		COLUMN A Total This Perie	COL Election C	UMN B Cycle-to-	Date	
17.	OPERATING EXPENDITURES	2387.36		2387.	36	
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES				7	41
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate					
	(b) Of All Other Loans(c) TOTAL LOAN REPAYMENTS	\$:	
20.	(add Lines 19(a) and (b)) REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Fersons Other	• .	*		:	•
	Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)	,				
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	\$	-	i de la companya de l		<u>u</u> .
 21.	OTHER DISBURSEMENTS	d ,	•		,	. .
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	2387.36		2387.36	5	•.
	III. CASH SUMI	MARY				
23.	CASH ON HAND AT BEGINNING OF REPORTIN	NG PERIOD0				. •
24	TOTAL RECEIPTS THIS PERIOD (from Line 16,	5203.59) 	\$. 1	
25.	SUBTOTAL (add Line 23 and Line 24)	5203.59)	ŧ	*	-
26.	TOTAL DISBURSEMENTS THIS PERIOD (from E	ine 22) 2387.36				•
27.	CASH ON HAND AT CLOSE OF REPORTING P (subtract Line 26 from Line 25)	ERIOD 2816.23				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE	NUMBER:	PAGE	OF	
(check only	one)			
11a	116	11c	110	
12	13a	13b	14	15

11	EMIZED RECEIP 15	De	tailed Summary Page	12 13a 13b 14 15
				y person for the purpose of soliciting contributions tee to solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
/	John Lewallen	for Congre	ess Committee	e
Α.	Full Name (Last, First, Middle Initial) Don Sack			Date of Receipt
77	Mailing Address Pacific Dr., S	helter Co	ve, CA 95589	the roll to the the
	City	State Z	ip Code	March 8,2012
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	•	\$500
	self Receipt For:	fish:	·	
	Primary General	Election Cycle-to	o-Date	
	Other (specify)	\$500	÷	
	Full Name (Last, First, Middle Initial)			
B.	Mailing Address	\$, 1/4 · · · · · · · · · · · · · · · · · · ·		Date of Receipt
	Mailing Address			e w / S D · v / 'v y
	City	State Z	ip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	ه مشد شده و د پیشه پاید پرواند و کارانیده که را و در	. , , ,
	Receipt For: Primary Generat Other (specify)	Election Cycle-to	p-Date	
	Full Name (Last, First, Middle Initial)			
c.			er en 180-man en en egen e resp. volugistat de l'ant que en names appa appa des seguis, es	Date of Receipt
	Mailing Address			to the second of the second of the
	City	State Z	ip Code	
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
	Name of Employer	Occupation	**************************************	· · · · · · · · · · · · · · · · · · ·
	Receipt For: Primary General Other (specify)		-Date	
s	SUBTOTAL of Receipts This Page (optional)			a second
-	OTAL This David (for	500		
1	OTAL This Period (last page this line number	oniy)		to the second se

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) John Lewallen for Cor	ngress Committee	
Full Name (Last, First, Middle Initial) A. John J. Lewallen Mailing Address P.O. Box 455	\	Date of Disbursement
City Philo State (CA Zip Code 95466	Amount of Each Disbursement this Period
Purpose of Disbursement Exp. Candidate Name Candidat	Category Type	270 74
State: CA District: 02	,	
Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		EN MI / D D / V V V V
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	Category Type	The strain land of an American Strain
Office Sought: House Disbursement For Senate Primar President Other State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D V Y Y Y Y
City State 2	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	Category	**************************************
Office Sought: House Disbursement Formula	Type or:	
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedul for each category of Detailed Summary Pa	le(s) (the age	OR LINE NUMBER: PAGE 2 OF 2 Check only one) 17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Fuil)			
angle John Lewallen for Congress C	ommittee		
Full Name (Last. First, Middle Initial)	D 4\		Date of Disbursement
A. Mendocino County Election	в перт.		Feb.23, 2012
Mailing Address Low Gap Rd.			
City Ukiah CA State	^{Zip} 95482		Amount of Each Disbursement this Period
Purpose of Disbursement Filing fee for candidacy			\$1631'
Candidate Name John Lewallen		Category/ Type	420
Office Sought: A House Disbursement Fo Seriate Primary	411	1946	
Full Name (Last, First, Middle Initial)			Date of Disbursement
В.			Date of Dispursement
Mailing Address			
City State	Zip Code	******	Amount of Each Disbursement this Period
Purpose of Disbursement			, , ,
Candidate Name	c	Category/ Type	
Office Sought: House Disbursement For Senate Primary President Other (s	General		
State: District: Full Name (Last, First, Middle Initial)			
ruli Name (Last, First, Milodie Initial) C.			Date of Disbursement
Mailing Address			54 M 2 5 5 2 5 7 7 7 7
City State Z	ip Code		Amount of Each Disbursement this Period
Purpose of Disbursement			. ,
Candidate Name	C	Category/ Type	
Office Sought: House Disbursement For Senate Primary			
President Other (s	•		
Sales			
SUBTOTAL of Disbursements This Page (optional)			g
TOTAL This Period (last page this line number only)19	01.74		

Use separate schedule(s) for each category of the (check only one)

PAGE

	•
X	13a
	126

OF

13b
ommittee
Election:
Primary General
Other (specify) ▼
Code 66
To Date Balance Outstanding at Close of This Period
Interest Rate Secured: O % (apr) Yes No
Name of Employer
Name of Employer
Occupation
Amount Guaranteed Outstanding: See See See See See See See See See Se
Name of Employer
Occupation
Amount Guaranteed Outstanding: See State of the State of
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:

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

FOR LINE NUMBER: (check only one)

PAGE /

X	13a
	12h

OF

OAN SOURCE Full Name (Las					Election: X Primary	
John J. Le	waller	1			General	
Mailing Address					Other (spec	ify) 🔻
PO Box 455						
Philo		State Z SA 9	P Code 5466			
Original Amount of Loan		Cumulative Payme	ent To Date	Bala	nce Outstanding	at Close of This F
	ı*	* 	a suite de la company	0	sa Sa Kadada	500 <u></u>
Date Incurred 1'2 M 30 D 2011 List All Endorsers or Guarantor		w m / to o	NA Y Y Y	Interest Rate	O % (apr)	Secured:
1. Full Name (Last, First, Middle			Name of Emp	oloyer		
Mailing Address	anger, a		Occupation			
			Amount		The beginned of the	24.1.35.4
City	State	ZIP Code	Guaranteed Outstanding:	;	Bash Bash	ï
2. Full Name (Last, First, Middle	Initial)		Name of Emp	oloyer		······································
Mailing Address			Occupation			
			Amount	Art rain	Carrier Service	
City	State	ZIP Code	Guaranteed Outstanding:	ty Zemanie sistema	Branch and Company	te in the second
3. Full Name (Last, First, Middle	Initial)		Name of Emp	oloyer	·	
Mailing Address			Occupation			
			Amount	**:	grada a salataya	The state of the s
City	State	ZIP Code	Guaranteed Outstanding:		r£ -2%, e-}	·
4. Full Name (Last, First, Middle	Initial)		Name of Emp	oloyer		
Mailing Address			Occupation		****	
			Amount	21 12 14 72 14	ragai crangas in prosession si	A restrict to the average
City	State	ZIP Code	Guaranteed Outstanding:	i	Burnet make it	
BTOTALS This Period This Page	optional)			•	entre gate de la companya de la comp	en e

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

FOR LINE NUMBER: (check only one)

PAGE

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	Detailed Summary Page 13b
NAME OF COMMITTEE (in Full) John Lewallen for Congress Comm	nittee
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
John J. Lewallen	Y Primary General
Mailing Address	Other (specify) ▼
PO Box455	
	95466
Original Amount of Loan Cumulative Payment To	Do Date Balance Outstanding at Close of This Period 500
TERMS	
Date Incurred Date Due O'1	NAY O % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Conjument of the Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
0	Amount Character Control of the Cont
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Control of the
City State ZIP Code	Guaranteed Outstanding: State
SUBTOTALS This Period This Page (optional)	the source of the second of th
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. It	f no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE

X	13a	
	13b	

	LOAN SOURCE Full Name (Last, First, Middle Initial)		
John J. Lewa]	len	X Primary General	
Mailing Address PO Box 455	5	Other (specify) ▼	
Philo Philo	State CA 9	ZIP Code 5466	
Original Amount of Loan	Cumulative Pay		
TERMS Date Incurred	Di	ate Due Interest Rate Secured:	
02 ^M °23 ′ 2012 ′	Y B M / (D D	NA % (apr)	
List All Endorsers or Guarantors	(if any) to Loan Source		
1. Full Name (Last, First, Middle	Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount - Haragaire Language Constitution of the Constitution of th	
City	State ZIP Code	Outstanding: (*) La la la Mara la	
2. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation	
City	State ZIP Code	Amount special and colonial special and colonial special and colonial special and colonial special spe	
3. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Control of the	
		المناوية والمناورة والمراورة والمناورة والمناو	

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

PAGE 5
FOR LINE NUMBER: (check only one)

X	13a
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OF 5

		Detailed Summary Page	13b	
AME OF COMMITTEE (In Full)				
John Lewallen for C	ongress Commit	tee		
LOAN SOURCE Full Name (Last, First, M	liddle Initial)		Election:	
John J. Lewa		X Primary		
Mailing Address	· · · · · · · · · · · · · · · · · · ·		General	
PO Box 455			Other (specify)	
City	State ZIP Coo	10		
Philo	CA 95466			
Original Amount of Loan	Cumulative Payment To	Date Balanc	ce Outstanding at Close of This Period	
		O: 1		
TERMS Date Incurred	Date Due	Interest Rate	Secured:	
03" 23 / 2012 Y	M M / P P / NA		,	
List All Endorsers or Guarantors (if any)			Yes No	
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		<u> </u>		
City State	ZIP Code	Guaranteed	n wy winderich in der eine eine eine eine eine eine eine ei	
City	Zir Gode	Outstanding:	Baran Sandar	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount	un regression explosion of the regression	
City State	ZIP Code	Guaranteed	Broads was a set of success to the and	
3. Full Name (Last, First, Middle Initial)			West day to the control of the contr	
3. Full Name (Last, First, Mildule Illitial)		Name of Employer		
Mailing Address		Occupation		
			the control and the control of the c	
City State	ZIP Code	Guaranteed Outstanding:	Balanda and a character and a company of the compan	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed	gen segen and the second of th	
J.,y State	2.11 0000		5) alia (1.19. Suo 1.19. Suo 2.1	
		477 - A	saa oo uu gaa kabaa oo oo oo oo oo oo oo oo oo gaaa gaaa	
UBTOTALS This Period This Page (optional)				
FOTALS This Period (last page in this line or	nly)	*****************	3300	
				
Carry outstanding balance only to LINE 3, Se	chedule D. for this line. If I	no Schedule D. carry forwa	ard to appropriate line of Summary.	

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(3/2005)