FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

Other Than An Authorized Committee

RECEIVED 2015 JAN 29 AN 11:50 15 TO BE SAIL CENTER

Rev. 12/2004

ı	NAME OF		
	COMMITTEE	(in	full)

Only

FE6AN026

TYPE OR PRINT Y

Example: If typing, type

12FE4M5

over the lines. NAPA COUNTY TREPUBLICAN CENTRAL COMMITTEE ADDRESS (number and street) Check it different than previously reported. (ACC) CITY A STATE A ZIP CODE A 2. FEC IDENTIFICATION NUMBER . V 3. IS THIS **AMENDED** C 004 55659 REPORT OR TYPE OF REPORT Nov 20 (M11) Monthly Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Guarterly Reports Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) 12-Day General (12G) Runoff (12R) Primary (12P) July 15 PRE-Election Quarterly Report (Q2) Report for the Convention (12C) Special (12S) Quarterly Report (Q3) in the January 31 11 : 04 - 2014 State of CA Election on Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the Termination Report in the (TER) CAElection on State of 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 105EPH Joseph Blevins 07-23-2015 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 **FEC FORM 3X** Use

150% - 138 - 2509

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY TEPUTYLICAN CENTRAL COMMITTEE

Report Covering the Period:

From

"/ | 25 ZA/

n: "/2 3 i i 3

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2,0,1,4	t ,	, 3279.00
	(b) Cash on Hand at Beginning of Reporting Period	, 30.03.00	
	(c) Total Receipts (from Line 19)	, , ,	, 1,769.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, <i>3,003,0</i> 0	, S048.00
7.	Total Disbursements (from Line 31)	, , O , .	, 2045.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 3 <i>003.00</i>	, 3,003.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , -	, , , ,
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , -	
_			

For further information contact:

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

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

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

FE6AN026

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY TEEPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From:	′ 2\$ ′ `ŽO)Y 1	10: 1/2 31 20/4
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		*
(a) Individuals/Persons Other	•	
Than Political Committees (i) Itemized (use Schedule A)	, & ,	
(ii) Unitemized	, ,	17 6 9,00
(iii) TOTAL (add	4	, 1,76 9.00
Lines 11(a)(i) and (ii)▶	, . .	, 4,16,1.00
(b) Political Party Committees	, O	, , , , .
(c) Other Political Committees		•
(such as PACs)	, , .	, , , , , , , , , , , , , , , , , , ,
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	<u>م</u>	171910
Totals to Line 33, page 5) 12. Transfers From Affiliated/Other	, 2 , .	, j,769.00
Party Committees	, <i>o</i>	, , , , , , , , , , , , , , , , , , ,
40. All L. vo. Descived		<u>~</u>
13. All Loans Received	, ,	, , , , , , , , , , , , , , , , , , ,
14. Loan Repayments Received	$\boldsymbol{\diamond}$	D
15. Offsets To Operating Expenditures	,	, , ,
(Refunds, Rebates, etc.)	_	
(Carry Totals to Line 37, page 5)	 	, , 27 .
16. Refunds of Contributions Made	:	
to Federal Candidates and Other		2
Political Committees	,	, , , .
17. Other Federal Receipts (Dividends, Interest, etc.)		$\boldsymbol{A}^{!}$
18. Transfers from Non-Federal and Levin Funds	, .	, , , ,
(a) Non-Federal Account		•
(from Schedule H3)	, 🔑 .	, , , 27
		, , <u>, </u>
(b) Levin Funds (from Schedule H5)	, 🔑 .	, 9 7
(c) Total Transfers (add 18(a) and 18(b))	, 😛 .	, , e
	· · · · · · · · · · · · · · · · · · ·	
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	, ~	, 1,76 9.00
20. Total Federal Receipts	_	#
(subtract Line 18(c) from Line 19)▶	, -	, 1,769.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	II. Disbursements COLUMN A Total This Period	
21.	Operating Expenditures:	Total This Periou	Calendar Year-to-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	○	
	(i) Federal Share	\mathcal{H}	1490,00
	(i) Todora Orialo	, , , .	,
	(ii) Non-Federal Share	. 6	, , , , , , , , , , , , , , , , , , ,
	(b) Other Federal Operating	, o	,
	Expenditures	, 七 , .	·, , , , ,
	(c) Total Operating Expenditures	G	· · · · · · · · · · · · · · · · · · ·
	(add 21(a)(i), (a)(ii), and (b))▶	, 6 ,	, 1490.00
2.	Transfers to Affiliated/Other Party	A	
3	Contributions to	, ~0 , .	, , , , , , ,
	Federal Candidates/Committees	R	126 00
	and Other Political Committees	., , , .	, <u>,4</u> 35.00
:4.	Independent Expenditures	G	A
:5.	(use Schedule E)	, ~ , .	, , , , , , , , , , , , , , , , , , , ,
	(52 U.S.C. § 30116(d)) (use Schedule F)	A	
	tage contagns / Junior Line Contagns Co	, 🗸 ,	, , ,
6.	Loan Repayments Made	. 	⊕
		, , , .	, , ,
7.	Loans Made	. H	, , ,
В.	Refunds of Contributions To: (a) Individuals/Persons Other	, , ,	
	Than Political Committees	, f , .	, , , , 20.0 0
		Ã	, , ,
	(b) Political Party Committees	, O , .	, , , , , , , , , , , , , , , , , , ,
	(c) Other Political Committees	$\boldsymbol{\alpha}$	
	(such as PACs)	, Ю , .	, , , , .
	(d) Total Contribution Refunds	6	
	(add Lines 28(a), (b), and (c))▶	\mathcal{H}	, ,/20 <i>.0</i> 0
			· · · · · · · · · · · · · · · · · · ·
9.	Other Disbursements	,甘, .	, , C
Ю.	Federal Election Activity (52 U.S.C. § 30101(20))	•	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	, O , .	, , , , , , . .
		e Y	<u></u>
	(ii) "Levin" Share	, U , .	, , . ,
	(b) Federal Election Activity Paid Entirely	a ·	A
	With Federal Funds	, ~ ,	, , , , , , , , , , , , , , , , , , ,
	(c) Total Federal Election Activity (add	A	A
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, ~ , .	, , ,
Π.	Total Disbursements (add Lines 21(c), 22,	M	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	Θ	, 2045.00
		, 🔾 ,	, AD71,00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Λ-	
	from Line 31)	μ	2045.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		or Biobardomonia	Page 5
III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	, Ø, %.	, 1,769.00°
34.	Total Contribution Refunds (from Line 28(d))	, <i>O</i> ,	, , 120.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 0,	, 1,649.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	, O,	, 1490.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	, 4 ,	, , D
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	, O ,	, 1490.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page For Circle Conty one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name (Last, First, Middle Initial) A. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General General Other (specify) ▼ Tull Name (Last, First, Middle Initial) Date of Receipt Multiple Address Date of Receipt Multiple Address City State Zip Code Amount of Each Receipt this Period
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) WAPA COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name (Last, First, Middle Initial) A. A. A. Malking Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date Aggregate Year-to-Date Amount of Each Receipt this Period
NAME OF COMMITTEE (in Full) WAPA COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name (Last, First, Middle Initial) A. Malking Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Coccupation Receipt For: Mailing Address City State Aggregate Year-to-Date ▼ In Name (Last, First, Middle Initial) B. Mailing Address City State Committee Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Coccupation Aggregate Year-to-Date ▼ Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Coccupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General
A. Full Name (Last, First, Middle Initial) A. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer City City State Zip Code Amount of Each Receipt this Period Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Name of Employer Aggregate Year-to-Date ▼
A. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) Mailing Address City State Zip Code Amount of Each Receipt this Period The committee of contributing federal political committee. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Cocupation Aggregate Year-to-Date Aggregate Year
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ City State Zip Code Amount of Each Receipt this Period Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt this Period
Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer C
FEC ID number of contributing federal political committee. Name of Employer Name of Employer
federal political committee. Name of Employer Receipt For:
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼
Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Aggregate Year-to-Date ▼
Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General
City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General
FEC ID number of contributing federal political committee. Name of Employer Occupation
FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Aggregate Year-to-Date
Receipt For: ☐ Primary ☐ General Aggregate Year-to-Date ▼
Primary General Aggregate Teal to Date V
Full Name (Last, First, Middle Initial) C. Date of Receipt
Mailing Address
City State Zip Code
FEC ID number of contributing
federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

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

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

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 OF 21
TENANTED DICTION CHARACTER Use separate schedule(s) (check only			
	for each category of the Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	ments may not be sold or used ne and address of any political	by any person committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
NAPA COUNTY REPUT	BLICAN CENT	RAL C	OMMITTEE -
L. Name (Last, First, Middle Initial)			Date of Disbursement
			M M , D D / Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	, , ,
Office Sought: House Disburser	ment For: Primary	_	
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	. •		Date of Disbursement
···	乙		la M. / D D / Y Y Y Y .
Mailing Address	THE STATE OF THE S		
City	State Zip Code		
Purpose of Disbursement			
	12		Amount of Each Disbursement this Period
Candidate Name	14	Category/	,
Office Sought: House Disburser	ment For:	Туре	, ,
Senate Disburser	Primary General	> .	
President	Other (specify) ▼	6	
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
. .			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·		
Candidate Name		C-4	Amount of Each Disbursement this Period
		Category/ Type	, \ , .
	ment For:		
Senate	Primary General	İ	
President State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			
			, , ,
TOTAL This Period (last page this line number only))	······ b	, , ,

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE OF C FORM 3)

	Detailed Summary Page	FOR LINE 1	3 OF FORM 3X
ME OF COMMITTEE (In Full)		· • · · · · · · · · · · · · · · · · · · 	
NATA COUNTY REPUBLI	CAN CENTRAL CL	mmi TTZ	E
CAN SOURCE Full Name (Last, First, Middle Initial)	•	lection: Primary	
		General	
Mailing Address		Other (specify)	\₩
	. '	- -	•
City State	ZIP Code		
Original Amount of Loan Cumulative Paye	ment To Date Balanc	e Outstanding at (Close of This Period
and the state of t		, ,	
	ate Due Interest Rate		Secured:
M M / D D / Y N Y Y M M / D D		% (apr)	Yes No
List All Endorsers or Guarantors (Nany) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	3	•
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	,	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:	, 5 2.	•
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation	$\overline{}$	
	Amount	$\overline{}$	
City State ZIP Code	Guaranteed Outstanding:	, \	
UBTOTALS This Period This Page (optional)	>	, ,	\.
OTALS This Period (last page in this line only)	>	, ,	
Carry outstanding balance only to LINE 3, Schedule D, for this	line. If no Schedule D, carry forwar	d to appropriate	line of Summary.
		<u> </u>	<u>-</u>

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 9 of Schedule (

Page 9 of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** C*OO45565*9 NAPA COUNTY REPUBLIC AN CENTRAL COM **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name % Mailing Address Date Incurred or Established State Zip Code City Date Due A. Has loan been resti ctured? [No If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit or other similar traditional collateral? Yes If yes, specify: No Does the lender have a perfected security interest in it? No Yes E. Are any future contributions or future receipts of interest pome, pledged as What is the estimated value? collateral for the loan? No Yes If yes, spec Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: M / D D City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or it the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan

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

AUTHORIZED REPRESENTATIVE			DAT	ΓE					. /	\
Typed Name		1	I.S	λŧ	7	0	D	¥	У	, , ,
Signature	Title									/

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

П	9
	10

OF Z

excluding Loans	numbered line)	10
NAME OF COMMITTEE (In Full)		
NAPA COUNTY REPUBLICAN CEN	TRAL COMMITTEE	
X: Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	_	
Amount Incurred This Period Payment This Period	Outstanding Balance at	Close of This Period
, , ,	,	,
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):	
		,
Mailing Address		•
City State Code		•
Outstanding Balance Beginning This Period		
\ \		
Amount Incurred This Period Payment This Period	Outstanding Balance at	Close of This Period
3 . 3	,	, .
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):	
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Outstanding Ralance at	Close of This Pariod
	Custanting against at	Close of This Feriod
, , , , , , , , , , , , , , , , , , , ,	, ,	•
1) SUBTOTALS This Period This Page (optional)	<u></u> , , ,	
2) TOTALS This Period (last page this line number only)	> , ,	. \.
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	> , ,	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	only) > ,	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 2 FOR 13X			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
	C W455659			
NATA COUNTY REPUBLICAN CENTRAL COMM	IIIEC			
Check if 24-hour report 48-hour report Mew report Amends report filed	on M M / D D' / Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M M / D, D / Y Y Y			
Mailing Address	Amount			
	· · · · · · · · · · · · · · · · · · ·			
City State Zip Code	, , , , , , , , , , , , , , , , , , ,			
Purpose of Expenditure	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type	. M M / D D / Y Y Y Y			
Name of Federal Candidate Support Office	Sought: House District:			
Oppose	President Senate State:			
Salarida isa isa sa s	rsement For: Primary General			
Per Election for Office Sought , , .	Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	·			
	Amount			
City State Zip Code	, ,			
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/	M M / O / Y Y Y			
Name of Federal Candidate Support Office	Sought: House District:			
Оррозе	President Senate State:			
Calcinati ical lo Calc	rsement For: Primary General			
Per Election for Office Sought	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	, , , ,			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	, , , , , , , , , , , , , , , , , , , ,			
(c) TOTAL Independent Expenditures	, \ , .			
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
party committee) any political party committee or its agent.				
A AS	M / D D / Y Y Y Y			
Signature Date				

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

BEHALF OF CANDIDATES	FOR FED	ERAL OFFICE	•	PAGE 12	OF 21
	be used only	by Political Committees in t	he General Election)	FOR LINE 25	OF FORM 3X
ME OF COMMITTEE (In Full) NAPA COUNTY	REPU	BLICAN CENTR	AL COMMITTEE	Chec 24-h	ck if our notice
s your committee been designated to ma adinated expenditures by a political party YES NO		Full Name of Subordinate Co.	mmittee		
/ES, name the designating committee:		Mailing Address			
		City	Sta	te ZIP (Code
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expe	enditure	
Mailing Address					Category/ Type
City	State	Zip Code	Date	D D / Y	Y Y Y
Name of Federal Candidate Supported	Office Sough	ht: House State: District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ▶	A.	1,		,	
Full Name (Last, First, Middle Initial) of	Each Payee	lu.	Purpose of Expe	enditure	Category/
Mailing Address			Date		Туре
City	State	Zip Code		ν, ν	Y Y Y
Name of Federal Candidate Supported	Office Sough	ht: House State: District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ▶	,	, and the second second	,	7	
Full Name (Last, First, Middle Initial) of	Each Payee		Purpose of Expe	enditure	(1) - 11, -11
Mailing Address					Category/ Type
City	State	Zip Code	Date 'M' M	о́о / Y	Y Y' Y
Name of Federal Candidate Supported	Office Sough	ht: House State: Senate District: Presidential	Amount		<u> </u>
Aggregate General Election Expenditure for this Candidate ▶	. ,	,	3	"\	
UBTOTAL of Expenditures This Page (op	tional)		····· ▶	,	

SCHEDULE H2 (FEC Form 3X)

PAGE	OF
1/3	2

ALLOCATION RATIOS		13 21
NAME OF COMMITTEE (In Full)		
NAPA COUNTY REPUBLICAN CENTR	ZAL COMMITTEE	<u>- '</u>
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:	•	
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	nod" where the federal prop	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commisfederal and nonfederal candidates, regardless of whether there is a real-are allocated using a time/space method.	t derived by federal candid junications or voter drives	lates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Pundraising Direct Candidate Support CHECK IF THE RATIO IS:	. %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT INENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Dixect Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %.
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	. %	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: CHECK IF THE RATIO IS:	%	%

NONFEDERAL %

%

FEDERAL %

%

ACTIVITY OR EVENT IDENTIFIER

Revised

Direct Candidate Support

Same as Previously Reported

ACTIVITY IS:

New

Fundraising

CHECK IF THE RATIO IS:

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF 21
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full) NAPA COUNTY REF		CEITTON	NAM	M I 772		. \$
NAME OF ACCOUNT	DATE OF RECEIPT				NT TRANS	FERRED
	M M 7 0	/ V Y V Y		,	,	
BREAKDOWN OF TRANSFER RECEIVED	<u>, </u>			<u> </u>		
i) Total Administrative				,	,	
ii) Generio Voter Drive			1	, .	,	
iii) Exempt Activities			•	.·)	,	
iv) Direct Fundraising (List Activity or Event Ide	entifier)			••	,	
a)		:				
	-	,				
ь)	- ,	,				
c) Total Amount Transferred For Direct Funds	\	······································		3	.)	•
v) Direct Candidate Support (List Activity or E	vent Identifier)					
a)	- 70	•				
b)	- , //	,				
c) Total Amount Transferred For Direct Candi	idate Support			,	,	
vi) Public Communications Referring Only to	Party (Made by PAC)				· . 	
	OR BREAKDOWN OF			J	. 3.	
TOTAL This Period (Administrative)						
This Desired (Occasio Makes Drive)		. ,	,	•		
TOTAL This Period (Generic Voter Drive)			'\	•		
TOTAL This Period (Exempt Activities)		····· ,	, `	\ ·		
TOTAL This Period (Direct Fundraising)			,	,		
TOTAL This Period (Direct Candidate Support)			,	,		
TOTAL This Period (Public Communications Referring	g Only to Party)		1	,		
TOTAL This Period (Total Amount Transferred)				,	,	

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF L1
FOR LINE 21a OF FORM 3X

Full Name (Last, First, Middle Initial) Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Purpose of Disbursement: Activity or Event Identifier: Category/ Type Allocated Activity or Event Date FEDERAL SNARE + NONFEDERAL SHARE = TOTAL AMOUNT Activity or Event Identifier: Category/ Type Date FEDERAL SNARE + NONFEDERAL SHARE = TOTAL AMOUNT Activity or Event Identifier: Category/ Type Date FEDERAL SNARE + NONFEDERAL SHARE = TOTAL AMOUNT Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Allocated Activity or Event Year-To-Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Allocated Activity or Event Year-To-Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp	NAPA COUNTY REPUTE	KICAN	CENTRA	L COMMITTEE
Voter Drive Direct Candidate Support				
City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Administrative Fundraising Exemp Voter Drive Direct Candidate Support State Zip Code FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Full Name (Last, First, Middle Initial) Allocated Activity or Event Identifier: Category/ Type Administrative Fundraising Exemp Voter Drive Direct Candidate Support State Zip Code FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Administrative Fundraising Exemp Drive Direct Candidate Support State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT Administrative Fundraising Exemp Drive Direct Candidate Support State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT Administrative Fundraising Exemp Drive Candidate Support State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT Administrative Fundraising Exemp Drive Candidate Support State				Administrative Fundraising Exempt
Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SNARE + NONFEDERAL SHARE = TOTAL AMOUNT Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement: Activity or Event Identifier: Category/ Type Administrative Fundraising Exemp Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Full Name (Last, First, Middle Initial) Allocated Activity or Event (verif Year-To-Date) Administrative Fundraising Exemp Category/ Type Administrative Fundraising Exemp Other Drive Direct Candidate Support Administrative Fundraising Exemp Over Drive Direct Candidate Support Administrative Fundraising Exemp Over Drive Direct Candidate Support Category/ Type Public Comm (ref to party only) by PAC Allocated Activity or Event (earn) Administrative Tundraising Exemp Over Drive Direct Candidate Support Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Allocated Activity or Event Administrative Tundraising Exemp Over Drive Direct Candidate Support Category/ Type Date TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(i)) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT	Mailing Address			Voter Drive Direct Candidate Support
Activity or Event Identifier: Category/ Type	City State	Zip Code		Public Comm (ref to party only) by PAC
Activity or Event Identifier: Category/ Type				Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/ Type	Purpose of Disbursement:			
Category/ Date TOTAL AMOUNT	Activity or Event logntifier:	··· ·;		, , ,
Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative				
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE NONFEDERAL SHARE NONFEDERAL SHARE Activity or Event Identifier: Category/ Type Allocated Activity or Event Vear-To-Date Allocated Activity or Event Vear-To-Date TOTAL AMOUNT Allocated Activity or Event Vear-To-Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Administrative Fundraising Exemp Direct C	FEDERAL SHARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE NONFEDERAL SHARE NONFEDERAL SHARE Activity or Event Identifier: Category/ Type Allocated Activity or Event Vear-To-Date Allocated Activity or Event Vear-To-Date TOTAL AMOUNT Allocated Activity or Event Vear-To-Date TOTAL AMOUNT Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Purpose of Disbursement: Activity or Event Identifier: Category/ Type Direct Candidate Support Administrative Fundraising Exemp Direct C	,	, ,		. ,
Mailing Address Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Direct Candidate Suppor Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Administrative Fundraising Exemp Total Amount Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Public Comm (ref to party only) by PAC Public Comm (ref to p	Full Name (Last, First, Middle Initial)			
City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEBERAL SHARE = TOTAL AMOUNT Administrative Fundraising Exemp Voter Drive Direct Candidate Support Administrative Fundraising Exemp Voter Drive Direct Candidate Support Administrative Fundraising Exemp Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Category/ Type Date TOTAL AMOUNT Category/ Type Administrative Fundraising Exemp Voter Drive Direct Candidate Support Allocated Activity or Event Year-To-Date Purpose of Disbursement: Category/ Type Date TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(ii) and NonFederal share to 21(a)(iii) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT	Tall Hallie (East, 1 list, Illinois limbal)			
Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Allocated Activity or Event Year-To-Date FULL Name (Last, First, Middle Initial) Allocated Activity or Event Administrative Fundraising Exempt Voter Drive Direct Candidate Support City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT Category/ Type Date TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(ii) and NonFederal share to 21(a)(iii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT	Mailing Address			Voter Drive Direct Candidate Support
Purpose of Disbursement: Activity or Event Identifier: Category/ Type/ Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Activity or Event Identifier: Category/ Type Date TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT	City	Zip Code		Public Comm (ref to party only) by PAC
Activity or Event Identifier: Category/ Type	Duman of Dishusament	7_		Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/ Type	Purpose of Disbulsement.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		,
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Full Name (Last, First, Middle Initial)	Activity or Event Identifier:	10	0.1	
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE ACTIVITY THIS Period (last page for each line only)(Federal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE NONFEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT				
Full Name (Last, First, Middle Initial) Allocated Activity or Event: Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Purpose of Disbursement: Activity or Event Identifier: Activity or Event Identifier: Category/ Type Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT			SHARE	= TOTAL AMOUNT
Mailing Address City State Zip Code Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(ii)) FEDERAL SHARE Administrative Fundraising Exemp Voter Drive Direct Candidate Suppor Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Category/ Type Date TOTAL AMOUNT		, , ,	<u> </u>	Allocated Activity or Event
Mailing Address City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT TOTAL This Period (last page for each line only)(Federal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	Full Name (Last, First, Middle Initial)			1
Purpose of Disbursement: Activity or Event Identifier: Category/ Type FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(ii) and NonFederal share to 21(a)(iii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT	Mailing Address			Voter Drive Direct Candidate Support
Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	City State	Zip Code	-	Public Comm (ref to party only) by PAC
Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	D		· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event Year-To-Date
Activity or Event Identifier: Category/ Type Date FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT Category/ Type Date TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT TOTAL AMOUNT	Purpose of Dispursement.			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	Activity or Event Identifier:			
UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT				
UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	FEDERAL SHARE +	NONFEDERAL	SHARE	= TOTAL AMOUNT
UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	·			
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT , , , , , , , , , , , , , , , , , , ,	·		•	, , , .
OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT		=	SHARE	= TOTAL AMOUNT
OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT	, 200, 3,7412	EDÇIML		- ISINE MINORAL
FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT			I NonFederal sha	•
				•
	, ,	,		,

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PA	GE /	16	OF	Z7 FORM	
l-c	JH LIN	VE 18	D OF	FUHIV	1 3 %
1177	~~~		•		
7/7 <u>/</u>	TRA	NSFE	RREC)	
	-		•		
•.					
MPAIG	N ACT	IVITY			
. 1		•			
					_
rnuon	TRA	NSFE	RREC)	
	ΓTRA ,	NSFE	RREC)	
		NSFE	RREC		
		NSFE	RREC		
		NSFE	RREC		
		NSFE	RREC		
		NSFE	RREC		
		NSFE	RREC		
•	,		RREC		
AMPAIG	,		RREC		
•	,		RREC		
AMPAIG	,		RREC		
AMPAIG	,		·		
AMPAIG	,		•		

AME OF COM	MITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·
MAPA	MINTY PE	אומאו ואמאו	CETITIVA	COMMITTEE
NAME OF AC		DATE OF RECEIPT	CC VILL	TOTAL AMOUNT TRANSFERRED
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	333	M M D D /	, , , ,	TOTAL AMOUNT MANOR EMILED
				, , , -
		<u> </u>		, , , , , , , , , , , , , , , , , , , ,
BREAKDOWN	N OF THIS TRANSFER			
a 🔪	oter Registration		VOTER REGISTRA	ATION
-	otal Amount Transferred for Voter	Registration		
•	ola Amount Translatives for Voter	riogistration	, ,	
ii) V	oter ID		VC	OTER ID
To	otal Amount Transferred for Voter	ID	. 3	7
			,	GOTV
iii) G	•			, ,
Τ.	otal Amount Transferred for GOT	V	•••••	,
5.A. 6	Sanada Campaia - A-thur			GENERIC CAMPAIGN ACTIVITY
	Generic Campaign Activity otal Amount Transferred for Gene	ric Campaign Activity		•
•,	otas Amount mansierred to: Hene	ne campagn Activity		, ,
NAME OF AC	COUNT	DATE OF RECEIPT	· · · · · · · · · · · · · · · · · · ·	TOTAL AMOUNT TRANSFERRED
NAME OF AC	000141	DATE OF RECEIPT	Y Y Y Y	TOTAL AMOUNT THANSPERHED
			' ' '	
		\6	j	· • • • • • • • • • • • • • • • • • • •
BREAKDOWN	N OF THIS TRANSFER	T		
i\ v	oter Registration	1/4	VOTER REGISTRA	ATION
	otal Amount Transferred for Voter	Posistration		
'	otal Amount Transferred for Voter	negistration)	•
in v	foter ID	\	VC	OTER ID
•	otal Amount Transferred for Voter	ID	,	,
				GOTV
iii) G				4014
Т	otal Amount Transferred for GOT	v	\	• • • • • • • • • • • • • • • • • • •
	Nanada Annestee A 45 15			GENERIC CAMPAIGN ACTIVITY
	Generic Campaign Activity	nio Campaigo Activita		· · · · · · · · · · · · · · · · · · ·
1	otal Amount Transferred for Gene	ять фатраци Асцуну		
	TOTALS FOR BR	EAKDOWN OF TRANSFI	ER RECEIVED (La	st Paga Only)
TOTAL	This Period (Voter Registration)			
			, ,	. \
TOTAL	This Period (Voter ID)			
IVIAL	7 01100 (10101 10)		,	, . \
	T1 (- D - (- A / O O T))			\
TOTAL '	This Period (GOTV)			, ,
TOTAL	This Period (Generic Campaign A	ctivity)		, , ,
TOTAL '	This Period (Total Amount of Tran	sters Received)		
,	/	,		, , ,

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 17 OF 2)
FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)	January Branch	
NATA COUNTY TREPOBLICAN	CENTE	AL COMMITTEE
Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
		Voter Registration GOTV Voter ID Generic Campa
		C. Color D
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, , .
City State Zip Code		, , , , , , , , , , , , , , , , , , , ,
Purpose of Disbursement	Category/	M M / D D / Y Y Y
	Туре	Date
FEDERAL SHARE + LEVIN SHA	ARE	= TOTAL AMOUNT
, , , , , , , ,		, , , , , , , , , , , , , , , , , , ,
B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:
B. Full Hamb (East, First, Middle Middle Fill Signification Filance		Voter Registration GOTV
		Voter ID Generic Campa
Mailing Address		Allocated Activity or Event Year-To-Date
Maining Address		
City State Code		, ,
Purpose of Disbursement		W W . G D A A A A
7 dipose of Bisadissimoni	Category/ Type	Date
FEDERAL SHARE + LEVIN SHA	<u> </u>	= TOTAL AMOUNT
1 1		, , ,
C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration GOTV
		Voter ID Generic Campa
		land hand
Mailing Address		Allocated Activity or Event Year-To-Date
City State Zip Code		, , .
Purpose of Disbursement	Category/	Date At M / D D / Y Y Y
	Туре	
FEDERAL SHARE + LEVIN SHA	ARE	TOTAL AMOUNT
, , ,		, , .
		
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHA	ARF	= TOTAL AMOUNT
PEDETINE OTHER	· · · _	- 10172 11100111
, , , ,		, , , .
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and FEDERAL SHARE	Levin share to	
FEDERAL STATE		TOTAL AMOUNT
, , . LEVIN SHA	NRE	, ,
TOTAL This Period for the Levin Share		
; ; ; FEBAN026	•	FEC Schedule H6 (Form 3X) Rev. 02/2

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAN	IE OF COMMITTEE (In Full) NAPA COUNTY TECTL	1774 V	אאם	ENTE	AC CC	MMI	TIEL	
NAN	E OF ACCOUNT	<i></i>	3/ ¥ 3-					
\angle			DLUMN A THIS PER	RIOD			DLUMN B R-TO-DATE	
1.	RECEIPTS FROM PERSONS (a) Itemized	,	,	,	<u> </u>	3	,	
	(Dee Schedule L-A)	•	·			,		
	(b) Uniternized	,	3	•		1	,	•
•	(c) Total	,	5	•		1	,	•
2.	OTHER RECEIPTS	,	7	•		,	,	•
3.	TOTAL RECEIPTS(Add Unes 1c and 2))	3	•		,	,	•
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)	4 .						
	(a) Voter Registration	TO THE	,	•		,	3	
	(b) Voter ID	li.	,	•		. ,	,	
	(c) GOTV	, \	,	·		,	j	•
	(d) Generic Campaign	,	,			,	3	•
	(e) Total	,	,	\ ·		,	;	•
5.	OTHER DISBURSEMENTS	1	,			,	,	•
6. 	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	,	t	. `		,	1	•
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	5 -	3	•		,	,	e e
8.	RECEIPTS(from Line 3)	,	,	•			,	•
9.	SUBTOTAL(Add Lines 7 and 8)	3	,			,		
10.	DISBURSEMENTS(From Line 6)					,	, \	
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					,	,	

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

PAGE Use separate schedule(s) for each category of the FOR LINE NUMBER: (check only one) Aggregation Page 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) Mailing Address Amount of Each Receipt this Period City Zip Code State Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)......

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) for each category of the Aggregation Page 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. NAPA COUNTY REPUBLICAN CENTER COMMITTEE

Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	M 4 ' D O . Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	, , .
Full Name (Last, First, Middle Initial) / Full Organization Name 3.	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	, ,
Full Name (Last, First, Middle Initial) / Full Organization Name C.	Date of Disbursement
Mailing Address	
City State Zip Side	Amount of Each Disbursement this Period
Purpose of Disbursement	, , ,
Full Name (Last, First, Middle Initial) / Full Organization Name D.	Date of Disbursement
Mailing Address	
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	, ,
Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
Mailing Address	M M / 12 D / Y Y Y
City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	, , .
SUBTOTAL of Disbursements This Page (optional)	, , ,
TOTAL This Period (last page this line number only)	, , , .

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAPA COUNTY REPUTALICAN CENTRAL COMMITTEE	`.
USE ONLY ONE SECTION, A or B	
A State and Local Party Committees	5.9%
A. State and Local Party Committees	
Fixed Percentage (select one)	
Presidential-Only Election Year (28% Federal)	
Presidential and Senate Election Year (36% Federal)	
Senate-Only Election Year (21% Federal)	
Non-Presidential and Non-Senate Election Year (15% Federal)	
and the second of the second o	· \$117
B. Separate Segregated Funds and Nonconnected Committees	
Flat Minimum Federal Percentage	
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or	
If the committee is spending more than 50% federal funds, indicate ratio below	
Federal%	
Federal%	

CommercialPlusPrice



071800951266

PRIORITY MAIL 2-DAY

For Domestic and International Use

a County Republic Party Box 3263 a CA 94558

0022

SHIP TO:

Federal Election Commission 999 E ST NW **WASHINGTON DC 20463-0001**

USPS CERTIFIED MAIL



9402 6102 0082 9485 7153 00

XTREMELY URGEN

Please Rush To Addressee

UNITED STATES POSTAL SERVICE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The FEC added this page to the end of this filing to indicate ho	w it was received.
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
PRÉPARER	//29/15 DATE PREPARED
(8/2013)	•