

**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

Debbie Bacigalupi for Congress

ADDRESS (number and street)

PO Box 657

Check if different
than previously
reported. (ACC)

San Carlos

CA

94070

2. FEC IDENTIFICATION NUMBER ▼

C C00516799

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

CA

14

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

M M / D D / Y Y Y Y
11 06 2012in the
State of

CA

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 01 2012

through

M M / D D / Y Y Y Y
10 17 2012

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 Nancy L. Warren

Signature of Treasurer

Nancy L. Warren

[Electronically Filed]

Date

M M / D D / Y Y Y Y
12 06 2012

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name

Debbie Bacigalupi for Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 2 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 1 | 2 |

| | 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)).... | 9652.00 | 31737.97 |
| (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)) | 9652.00 | 31737.97 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 2688.23 | 14801.81 |
| (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)) | 2688.23 | 14801.81 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 16981.16 | |
| 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) | 6402.82 | |

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)

PAGE 3 / 17

Write or Type Committee Name

Debbie Bacigalupi for Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 2 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 1 | 2 |

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).....

5262.00

21761.97

(ii) Unitemized.....

1390.00

6976.00

(iii) TOTAL of contributions from individuals ▶

6652.00

28737.97

(b) Political Party Committees.....

0.00

0.00

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

3000.00

3000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

9652.00

31737.97

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

45.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

9652.00

31782.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 2688.23 | 14801.81 |
| 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) ► | 2688.23 | 14801.81 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 10017.39 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 9652.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 19669.39 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 2688.23 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 16981.16 |

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3A
Transaction ID :

Changes to schedules A, B, D and summary pages

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER:

PAGE 6 OF 17

(check only one)

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

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)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

Debbie Bacigalupi

Mailing Address 250 Shelford Avenue

City

San Carlos

State

CA

Zip Code

94070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed (same name)

Occupation

Consultant

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4721.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2012 |

Transaction ID : NONA361

Amount of Each Receipt this Period

200.00

In-Kind Contribution for radio commercial

Full Name (Last, First, Middle Initial)

Debbie Bacigalupi

Mailing Address 250 Shelford Avenue

City

San Carlos

State

CA

Zip Code

94070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed (same name)

Occupation

Consultant

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4721.97

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2012 |

Transaction ID : PAYA363

Amount of Each Receipt this Period

862.00

In-Kind Contribution for campaign signs

Full Name (Last, First, Middle Initial)

Beatrice E. Gunn Phillips

Mailing Address 456 Almanor Ave.

City

South San Francisc

State

CA

Zip Code

94080

FEC ID number of contributing
federal political committee.

C

Name of Employer

HG Associations Personal Care Managers

Occupation

Registered Nurse

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 01 | | 2012 |

Transaction ID : INCA297

Amount of Each Receipt this Period

100.00

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

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

1162.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

Mike Keynejad

Mailing Address 171 Industrial Rd

City

San Carlos

State

CA

Zip Code

94070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nejad Co, LLC

Occupation

Owner

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 02 | | 2012 |

Transaction ID : NONA338

Amount of Each Receipt this Period

500.00

In-Kind Contribution for donation of Billboard installation and removal

Full Name (Last, First, Middle Initial)

Brian Morris

Mailing Address 11270 Bobolink Way

City

Auburn

State

CA

Zip Code

95602

FEC ID number of contributing
federal political committee.

C

Name of Employer

County of Siskiyou

Occupation

Public Agency Attorney

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2012 |

Transaction ID : INCA221

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Nina Pellegrini

Mailing Address 1430 Audubon Avenue

City

Montara

State

CA

Zip Code

94037

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

900.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2012 |

Transaction ID : PAYA364

Amount of Each Receipt this Period

400.00

In-Kind Contribution for video editing expense

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

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

1400.00

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

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

FOR LINE NUMBER:

PAGE 8 OF 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

A. Gary L. Barnes

Mailing Address 741 Hutchinson St.

City

Vista

State

CA

Zip Code

92084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed (Same Name)

Occupation

Optometrist

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 06 | | 2012 |

Transaction ID : INCA224

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. City Arms

Mailing Address 90 Eureka Square, Suite D

City

Pacifica

State

CA

Zip Code

94044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 10 | | 2012 |

Transaction ID : INCA278

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott McLaggan

Mailing Address 4122 Woodford Drive

City

San Jose

State

CA

Zip Code

95124

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 13 | | 2012 |

Transaction ID : INCA300

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

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

FOR LINE NUMBER:

PAGE 9 OF 17

(check only one)

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

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NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

Sorin Popescu

Mailing Address 250 Maple Ave

Suite B

City

South San Francisc

State

CA

Zip Code

94080

FEC ID number of contributing
federal political committee.

C

Name of Employer

3Design

Occupation

Principal

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2012 |

Transaction ID : NONA339

Amount of Each Receipt this Period

500.00

In-Kind Contribution for campaign signs paid to 3D Design Co.

Full Name (Last, First, Middle Initial)

Mid-Peninsula Republican Women Federated

Mailing Address 201 Garden Lane

City

Colma

State

CA

Zip Code

94014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 17 | | 2012 |

Transaction ID : INCA301

Amount of Each Receipt this Period

100.00

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
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D 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).....

600.00

5262.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

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

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NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

Eagle Forum PAC

A.

Mailing Address P.O. Box 618

City

Alton

State

IL

Zip Code

62002

FEC ID number of contributing
federal political committee.

C

C00103937

Name of Employer

Occupation

Receipt For: 2012

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 01 / 2012

Transaction ID : INCA289

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / 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).....

3000.00

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

A. Debbie Bacigalupi

Mailing Address 250 Shelford Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| San Carlos | CA | 94070 |

Purpose of Disbursement
In-Kind Contribution for radio commercial

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 01 | | 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 200.00 |
|--------|

Transaction ID : NONB361

B. Debbie Bacigalupi

Mailing Address 250 Shelford Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| San Carlos | CA | 94070 |

Purpose of Disbursement
In-Kind Contribution for campaign signs

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 01 | | 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 862.00 |
|--------|

Transaction ID : PAYB363

c. Signs NowMailing Address 1128 Sibley St.
Unit B

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Folsom | CA | 95630 |

Purpose of Disbursement
In-Kind Contribution for campaign signs

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 01 | | 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 862.00 |
|--------|

Transaction ID : PAYBFT363

[MEMO ITEM]

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

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

1062.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

A. Mike Keynejad

Mailing Address 171 Industrial Rd

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| San Carlos | CA | 94070 |

Purpose of Disbursement
In-Kind Contribution for donation of Billboard installation and removal

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 02 | | 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Transaction ID : NONB338

B. Best Merchant Bankcard

Mailing Address 3 Western MD Pkwy.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Hagerstown | MD | 21740 |

Purpose of Disbursement
Merchant Services Fee

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 03 | | 2012 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.00 |
|-------|

Transaction ID : EXPB257

c. Best Merchant Bankcard

Mailing Address 3 Western MD Pkwy.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Hagerstown | MD | 21740 |

Purpose of Disbursement
Merchant Services Fee

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 03 | | 2012 |

Amount of Each Disbursement this Period

| |
|-------|
| 42.84 |
|-------|

Transaction ID : EXPB310

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

552.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial)

A. Nina Pellegrini

Mailing Address 1430 Audubon Avenue

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Montara | CA | 94037 |

Purpose of Disbursement
In-Kind Contribution for video editing expense

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 05 / 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Transaction ID : PAYB364

B. William McLane Video EditingMailing Address 1101 Woodside Rd.
#6

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Redwood City | CA | 94061 |

Purpose of Disbursement
In-Kind Contribution for video editing expense

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 05 / 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Transaction ID : PAYBFT364

[MEMO ITEM]

c. Sorin PopescuMailing Address 250 Maple Ave
Suite B

| | | |
|--------------------|-------|----------|
| City | State | Zip Code |
| South San Francisc | CA | 94080 |

Purpose of Disbursement
In-Kind Contribution for campaign signs paid to 3D Design Co.

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2012 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) |

State: District:

Date of Disbursement

| |
|---------------------|
| M M / D D / Y Y Y Y |
| 10 / 16 / 2012 |

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Transaction ID : NONB339

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

900.00

2514.84

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barragan Construction Corporation

Nature of Debt (Purpose):

Billboard Installation

Mailing Address 3610 Martin Dr.

City State

Zip Code

San Mateo

CA

94403

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD359

Amount Incurred This Period

900.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

900.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Best Merchant Bankcard

Nature of Debt (Purpose):

Merchant Services Fee

Mailing Address 3 Western MD Pkwy.

City State

Zip Code

Hagerstown

MD

21740

Outstanding Balance Beginning This Period

42.84

Transaction ID : PAYD290

Amount Incurred This Period

0.00

Payment This Period

42.84

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Frank S. Hensley

Nature of Debt (Purpose):

Permits & tabling

Mailing Address 3734 Caravella Dr.

City

State

Zip Code

San Jose

CA

95117

Outstanding Balance Beginning This Period

320.00

Transaction ID : PAYD83

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

320.00

1) **SUBTOTALS** This Period This Page (optional) ▶

1220.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Frank S. Hensley

Nature of Debt (Purpose):

Campaign Materials, Travel Expenses,
Advertising Expenses

Mailing Address 3734 Caravella Dr.

City State

Zip Code

San Jose

CA

95117

Outstanding Balance Beginning This Period

963.72

Transaction ID : PAYD291

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

963.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Frank S. Hensley

Nature of Debt (Purpose):

Printing Expense, Travel Expense, Office
Expense

Mailing Address 3734 Caravella Dr.

City State

Zip Code

San Jose

CA

95117

Outstanding Balance Beginning This Period

1009.27

Transaction ID : PAYD292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1009.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Signs Now

Nature of Debt (Purpose):

Campaign Signs

Mailing Address 1128 Sibley St.
Unit B

City

State

Zip Code

Folsom

CA

95630

Outstanding Balance Beginning This Period

862.00

Transaction ID : PAYD293

Amount Incurred This Period

-862.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

1972.99

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sungold Litho

Nature of Debt (Purpose):

Mailing Address 619 Carolina Street

City State

Zip Code

San Francisco

CA

94107

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD356

Amount Incurred This Period

1295.18

Payment This Period

0.00

Outstanding Balance at Close of This Period

1295.18

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Warren and Associates LLC

Nature of Debt (Purpose):

Political compliance & treasurer services

Mailing Address 20 Galli Drive

Suite A

City State

Zip Code

Novato

CA

94949-5731

Outstanding Balance Beginning This Period

487.50

Transaction ID : PAYD261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

487.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Warren and Associates LLC

Nature of Debt (Purpose):

Political compliance and treasurer services

Mailing Address 20 Galli Drive

Suite A

City

State

Zip Code

Novato

CA

94949-5731

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD336

Amount Incurred This Period

1427.15

Payment This Period

0.00

Outstanding Balance at Close of This Period

1427.15

1) **SUBTOTALS** This Period This Page (optional) ▶

3209.83

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

William McLane Video Editing

Nature of Debt (Purpose):

Video Editing

Mailing Address 1101 Woodside Rd.
#6City State Zip Code
Redwood City CA 94061

Outstanding Balance Beginning This Period

400.00

Transaction ID : PAYD294

Amount Incurred This Period

-400.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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 Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶

6402.82

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

6402.82