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FEC FORM 3X

> Use Only

FEBAN028

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME O COMMIT	F TY TEE (in full)	PE OR P	RINT ▼		mple: If ty r the lines.		, ₋ 1	L2FE4	M5		. •
NAP	A COUNT	Y _ R.	EPU	MELICAL	I CE	NTR	AL	CO.	MM\5772	EE	
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ADDRESS (n	umber and street)	1. <i>U</i>	<u> بالانه</u> ا	<u> </u>			1_1_1				
than	ck if different previously orted. (ACC)	NAP	A		1 1 1		<u> </u>	CA	945	<u>5</u> 8-	1 <u>2.501</u>
2. FEC IDI	ENTIFICATION NUN	IBER 🔻	•	CITÝ ▲			S	TATE 📥		ZIP CO	DE 🛦
C: 0	0455659	ng maning Til Hange ta	-	3. IS THIS REPORT	N.	NEW (N)	OR	15 L 16 16 L 14 25 L 15	AMENDED (A)		
4. TYPE (Choose	OF REPORT One)	(b) Mon Rep		Feb 20 (M2)		May 20	(M5)	3	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Ortly)
(a) Qua	rterly Reports:		· · · · · ·	. Mar 20 (M3))	Jun 20	(M6)	4	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 ((M7)	. :	Oct 20 (M10)		Jan 31 (YE)
\$26.5 \$76.0 \$	July 15 Quarterly Report (Q2)	(C)	12-Day PRE-Ele Report f		Primary (1	•			eral (12G) cial (12S)		Runoff (12R)
	October 15 Quarterly Report (Q3 January 31 Year-End Report (YE			Election on	(MVM A	*	2 5	y e yreig	Ander y Ny ga aran-aran	in the State o	at Comment
) (4) (7) (8)	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day		General (30G)	· .	(Rur	off (30R)	* y	Special (30S)
1	Termination Report (TER)		Report (Election on		′ , °D	4'	20	14:	in the State o	n CA
5. Covering	g Period שָׁהְ	B	1 22	514	throug	h ;	8 9.	3	0 26	۲ ۱٬۲	:
	I have examined this t Name of Treasurer		end to the		owledge ar	id belief i	t is true	e, corre	and comple	te.	
Signature of	Treasurer	osex	De	Blev	ins		Da	ate	10 00	5 2	014
	ission of false, errone	ous, or inc	omplete i	nformation may s	subject the	person sig	ning th	is Repor	t to the penalt	ies of 2	U.S.C. §437g.
1	fice Ise								1	FOF Rev. 12/2	RM 3X 2004

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA	COUNTY	REPUBLICAN	CENTRAL	COMMITTEE

NAPA COL	UNTY RET	PUBLICAN	CENTRAL	COMMITI	ZL	
Report Covering the Period	From: 🗗		2014	То:	30 20	1,4
			LUMN A s Period	Cale	COLUMN B ndar Year-to-Date	
6. (a) Cash on Hand January 1,	2014			2	3279.	<u>30</u>
(b) Cash on Hand at Beginning of Report	ing Period		3 <i>0.</i> 3.7. <i>00</i>		× .	
(c) Total Receipts (from	Line 19)		1,5.1,2.00	A (5)	., 1,53,7,0	0,0
(d) Subtotal (add Lines 6(c) for Column A a 6(a) and 6(c) for Co	nd Lines	manufacture 17 manufacture	4,5,4,9,00		4.8.16.0	مُد
7. Total Disbursements (fro	m Line 31)	and the second the second second	4.6.7.0.0		734.	10
Cash on Hand at Close Reporting Period (subtract Line 7 from Lir		constitution of the second	4.08.2.00		40824	<u>ා</u> උ
Debts and Obligations C the Committee (Itemize Schedule C and/or Sche	all on	production processing statements of the statement of the		The state of the s		
10. Debts and Obligations C the Committee (Itemize Schedule C and/or Sche	all on	and the section of the section of		- Carona de la Car		
This committee has	qualified as a multic	candidate committee.	(see FEC FORM 1M)			

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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NAPA COUNTY REPUBLICAN	CENTRAL	COMMITTEE
------------------------	---------	-----------

Re	port Covering the Period: From: \cline{Q}	וֹב ב' ב'וֹ	2014	То:	69 30	2014
	I. Receipts	1	COLUMN A otal This Period		COLUMN Calendar Year-	
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)				de de la companya de	
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶		1,,5,1,2,00 . 1,,5,1,2.00			5,37,00 53,7,00
	(b) Political Party Committees				Andrew Company of the	
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees		151200			5,3,7,00 +
13.	All Loans Received					
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)					
16.	(Carry Totals to Line 37, page 5)	1. 1. 22	A C			
	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fund	S S				
	(a) Non-Federal Account (from Schedule H3)					
	(b) Levin Funds (from Schedule H5)	1-0-07				And the Assertance
	(c) Total Transfers (add 18(a) and 18(b))	7				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	17)	. <u>. 1.5</u> .1.2.00			5.37.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶		. 15.12,00		5. 6. 75. 7. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	<i>5</i> 37.00

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date
	Activity (from Schedule H4) (i) Federal Share	348.00	734.00
	(ii) Non-Federal Share	-0	A
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	348.00	734.00
22.	Transfers to Affiliated/Other Party		
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures		
25.	(use Schedule E)		
	(use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made	0	
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		
	(d) Total Cantribution Defunds		STEER CLASS STREET, THE STREET, COMMISSION OF THE STREET, COMMISSION OF THE STREET, COMMISSION OF THE STREET,
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶		
	(add Lines 20(a), (b), and (c),		
29.	Other Disbursements		
30.	Federal Election Activity (2 U.S.C. §431(20))		·
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
	(ii) "Levin" Share	Θ	
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		734.00
	(c) Total Federal Election Activity (add	2012	77/1
1	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	372.0	[[[]] [] [] [] [] [] [] [] [
31.	Total Disbursements (add Lines 21(c), 22,	Encoral manufacture Commitment Co	ลีกระบาท เด็บการเหลือและกาลเป็นและเปลือนแบบนี้ กละการเด็นสะการณ์กละเปลี่ยนกระดับให้กระบาทใหม่มากจะร่ เ
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	348.00	734.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	handle and analysisches for absorbered and and broad and	describe and an experience and an article sent an experience to sent the sent and t
	from Line 31)	348.00	73400

DETAILED SUMMARY PAGE

of Disbursements

Page 5

FEC Form 3X (Rev. 02/2003) COLUMN A III. Net Contributions/Operating Ex-**COLUMN B Total This Period** penditures Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 11a 11b 12 11c **Detailed Summary Page** 13 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В. 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 Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. ate 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 Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: Use separate schedule(s) (check only one) 21b 22 23 24 25 26 ITEMIZED DISBURSEMENTS for each category of the

	Detailed Summary Page	27	28a 28b 28c	29 30b		
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)						
NATA COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name (Last, First, Middle Initial)						
A.			Date of Disbursement			
TWANG - DITTY ENTERT	AIN MENT					
Mailing Address 7.0.730X 1293	·	Ì	U1 127 12.	ンリケ		
City	State Zip Code			· · · · · · · · · · · · · · · · · · ·		
CEN WOOD Purpose of Disbursement	CA 95452	<u>'</u>				
TO PROVIDE MUSIC FOR	FUNDRAISING	Category/	Amount of Each Disbursement			
EVENT Office Sought: House Disburs	sement For:	Турө	Commission of Bourse Street 12			
Senate	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial) B.			Date of Disbursement			
			MAMA / LOADA / LAAA			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement	•		Amount of Each Disbursemen	t this Period		
Candidate Name		Category/	Amount of Each Disbursemen			
00000		Type	and and the state of 1 Section 21	222		
Office Sought: House Disburs	sement For: Primacy General					
President	Other (specify)		•			
State: District:						
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
Mailing Address			M M / D D / V			
City	State Zip Code					
Purpose of Disbursement		The state of the s				
Candidate Name		Category/	Amount of Each Disbursemen	nt this Period		
Office Cought:	nament Far	Type	hardward Davidson (I)			
Office Sought: House Disbur	sement For: Primary General Other (specify)					
State: District:						
SUBTOTAL of Disbursements This Page (optional	1)	>	and the second s			
TOTAL This Period (last page this line number or	ıly)			- Custoffers drawd		

PAGE 6 OF 11

SCHEDULE C (FEC Form 3X)	
OANS	Use separate schedule(s) PAGE 7 OF //
	for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	
NAPA COUNTY REPUBLICAN VOAN SOURCE Full Name (Last, First, Middle Initial)	CENTRIX COMMITTEE
CAN SOURCE Full Name (Last, First, Middle Initial)	
	Primary
	General
Mailing Address	Other (specify) ▼
City State ZIP Coc	de
Original Amount of Loan Cumulative Payment To	
demander of the second	J The state of the
TERMS	
Date Incurred Date Due	Interest Rate Secured:
MANA , COLO , LANGE OF A STATE OF THE MANAGEMENT OF THE STATE OF THE S	% (apr) Yes No
Becombered Securities beautiness branches attended Completes and Securities and Completes and Comple	/o (apr)
List All Endorsers or Guarantors (Many) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining / Address	Cooperion
	Amount paragraphic
City State ZIP Oode	Guaranteed Outstanding:
3 Full Name // est First Middle Initial	oustanding.
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Quaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
(Trains & Zimproyor
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State ZIF Code	Outstanding:
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TOTALS This Period (last page in this line only)	because the made and the statement through the made and the statement through the statem
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	To Cabadula D. come forward to appropriate Use of Current

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page / of Schedule C

Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
NAPA COUNTY REPUBLICAN CO	ENTRAL COMMITTE	2- 10100,73363 1 1
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		
		<u></u> %
Mailing Address		Mam / Dad / Asabab
	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	Maw / Dad / Lake
B. If line of credit,	Total Outstanding	
Amount of this Draw:	Balance:	
C. Are other parties secondarily liable for the debt incurre		,
D. Are any of the following pledged as collateral for the I	ust be reported on Schedule C.)	What is the value of this collateral?
property, goods, negotiable instruments, sertificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,	What is the value of this condition.
No Yes If yes, specify:		
		Does the lender have a perfected security interest in it? \textsquare No \textsquare Yes
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	est income, pledged as	What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	is pledged for this loan, or if the a was made and the basis of whi	amount pledged does not equal or exceed ch it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		
H. Attach a signed copy of the loan agreement.		
I. TO BE SIGNED BY THE LENDING INSTITUTION:		
 To the best of this institution's knowledge, the te are accurate as stated above. 	erms of the loan and other inform	ation regarding the extension of the loan
 The loan was made on terms and conditions (in similar extensions of credit to other borrowers or 	cluding interest rate) no more fav	orable at the time than those imposed for
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 C	vrn 100.0∠ and 100.142 in makir	g this loan. DATE
Typed Name		MANY (1920) (LASSAGE)
Signature Ti	tle	

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 9 OF //
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:	
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			
NAPA COUNTY REPUBLICAN	CEITTON	COMMITT	5 p
Na. Full Name (Last, First, Middle Initial) of Debtor or Credito	CCN/RFILL L		ebt (Purpose):
		(1111213	
Mailing Address		ļ	
City State Zip Co	de	·	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
Amount meaned the Ferrica	a grange of the grange of	Cuistand	ng balance at 0.036 of 7113 Fellou
		L	
B. Full Name (Last, First, Middle Initial of Debtor or Credito		Nature of D	Debt (Purpose):
			, , ,
Mailing Address			
Mailing Address			
City State Zip Co	ode		
	1,		
Outstanding Balance Beginning This Period	(C)		
	Z		
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of This Period
	magneti franchischer die		
Instantinentimed December allowed December allowed December allowed December and			and the state of t
C. Full Name (Last, First, Middle Initial) of Debtor or Credit	or	Nature of I	Debt (Purpose):
Mailing Address	<u>`</u>		
City State	Zip Code		
Outstanding Balance Beginning This Period			
and the second and December of the second and the s		`	\
Amount Incurred This Period	Payment This Period	Outstand	ling Balance at Close of This Period
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		- I	
1) SUBTOTALS This Period This Page (optional)			hand the state of
2) TOTALS This Period (last page this line number only)			
, , , ,		- Emediance	Secret 13 ment has sufficient 1 secretaries of the sufficient of t
3) TOTAL OUTSTANDING LOANS from Schedule C (last page	ge only)	>	land Providence land Davidson day (2) Land
4) ADD 2) and 3) and carry forward to appropriate line of Su	mmary Page (last page o		Same Same Same Same Same Same Same Same

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES OF /) FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ New report Amends report filed on Check if 24-hour report 48-hour report Full Name (Last, First, Middle Initial) of Payee Date Mailing Address Amount City State Zip Code Office Sought: Purpose of Expenditure House Category/ Type Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: [General Calendar Year-To-Date Per Election for Office Sought Other (specify) Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State ip Code State: Office Sought: House Purpose of Expenditure Senate District: President Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Disbursement For: General Primary Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Uniterized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature

TOTAL LABORA L COMPANSO

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

PAGE (OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) NADA COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES Mailing Address If YES, name the designating committee: City ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Type Mailing Address Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date Zip Code City . State Name of Federal Candidate Supported Office Sought: State: Amount Senate District: Presidenti Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type City Zip Code State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate SUBTOTAL of Expenditures This Page (optional)..... TOTAL This Period (last page this line number only).....

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FEDERAL ELECTION COMMISSION 799 E STREET, N. W. W. WASHINGTON, D. C. 20463



PO BOX 3263 NAPA CA 94538



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