

# 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

DOUG LAMALFA COMMITTEE

ADDRESS (number and street)

2150 RIVER PLAZA DR., #150

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER ▼

C C00509422

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

01

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

in the State of

(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

through

M M /

D D /

Y Y Y Y

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 David Bauer

Signature of Treasurer David Bauer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Write or Type Committee Name  
**DOUG LAMALFA COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	105650.00	588490.07
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	11000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	105650.00	577490.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	49135.33	318902.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	3469.87
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49035.33	315432.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	235404.10	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	78553.10	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**DOUG LAMALFA COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38275.00	219425.00
(ii) Unitemized.....	5975.00	26464.00
(iii) TOTAL of contributions from individuals ▶	44250.00	245889.00
(b) Political Party Committees.....	150.00	150.00
(c) Other Political Committees (such as PACs).....	61250.00	342451.07
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	105650.00	588490.07
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	6316.11	34510.99
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	100.00	3469.87
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	475.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	112066.11	626945.93

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	49135.33	318902.62
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	75000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	75000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	11000.00
(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	11000.00
21. OTHER DISBURSEMENTS .....	64500.00	114440.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	113635.33	519342.62

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	236973.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112066.11
25. SUBTOTAL (add Line 23 and Line 24).....	349039.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	113635.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	235404.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**. Morongo Band of Mission Indian**

Mailing Address 49750 Seminole Drive

City Cabazon	State CA	Zip Code 92230
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sovereign nation	Occupation Indian tribe
--------------------------------------	----------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : INCA2414**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Todd Gillenwater**

Mailing Address 1413 1ST ST, NW

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Healthcare Institute	Occupation President & CEO
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2014

**Transaction ID : INCA2424**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**C.** Full Name (Last, First, Middle Initial)  
**JO ANN REBANE**

Mailing Address 10832 CEMENT HILL RD.

City Nevada City	State CA	Zip Code 95959
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation NONE
-------------------------	--------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : INCA2438**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 4100.00

\_\_\_\_\_

**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 63  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Ken Montes**

Mailing Address 501 Giuseppe Court, Suite C

City State Zip Code  
Roseville CA 95678

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

Name of Employer Occupation  
Phase 5 Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA2453**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Keith Miller**

Mailing Address 16760 Winchester Club Drive

City State Zip Code  
Meadow Vista CA 95722

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

Name of Employer Occupation  
Subway Franchise Owner Self Employed

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 12 / 2014

**Transaction ID : INCA2455**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Campbell**

Mailing Address 3636 McCourtney Rd.

City State Zip Code  
LINCOLN CA 95648

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

Name of Employer Occupation  
n/a Not employed

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2014

**Transaction ID : INCA2466**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

**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 7 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>David Ingram</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014
Mailing Address 4417 Tyne Blvd.		<b>Transaction ID : INCA2473</b>
City Nashville	State TN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer DBI Beverage Inc.	Occupation Chairman/Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>GEORGANN RUSSELL</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014
Mailing Address 115 PARKSIDE PL.		<b>Transaction ID : INCA2468</b>
City Nevada City	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer G. RUSSELL ENTERPRISES LTD	Occupation REAL ESTATE	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 475.00	

Full Name (Last, First, Middle Initial) <b>Gneal Trevethan</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2014
Mailing Address 2985 Catlett Road		<b>Transaction ID : INCA2479</b>
City Pleasant Grove	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self - Trevethan Farms	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**AKIN RANCH**

Mailing Address 5374 DEL MONTE AVE.

City Robbins State CA Zip Code 95676

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

Name of Employer Occupation Partnership

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : INCA2489**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James Akin**

Mailing Address 5374 Del Monte Avenue

City Robbins State CA Zip Code 95676

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

Name of Employer Occupation Farmer  
Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : IDTA238**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Thomas W. Ellis**

Mailing Address 320 Leven Street

City Grimes State CA Zip Code 95950

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

Name of Employer Occupation Farmer  
Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : INCA2483**

Amount of Each Receipt this Period  
150.00

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Norma Giovannetti</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 733 E. Hillcrest Ave.		<b>Transaction ID : INCA2482</b>	
City YUBA CITY	State CA	Zip Code 95991	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer n/a	Occupation Not employed		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Charley Mathews Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 9000 Mathews Ln.		<b>Transaction ID : INCA2487</b>	
City Marysville	State CA	Zip Code 95901	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self - Charley Mathews	Occupation Farmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Neill Mitchell</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014	
Mailing Address 365 wilson rd.		<b>Transaction ID : INCA2490</b>	
City YUBA CITY	State CA	Zip Code 95991	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Mitchell Ranch	Occupation Farmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>GERALD NORENE</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2014
Mailing Address 2117 FORTY MILE RD.		<b>Transaction ID : INCA2491</b>
City Wheatland	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer SELF-GERALD NORENE	Occupation FARMER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Thomas Walther</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2014
Mailing Address 3326 JORI CT.		<b>Transaction ID : INCA2486</b>
City Yuba City	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer n/a	Occupation Not employed	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>David Forster</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2014
Mailing Address P.O. Box 330		<b>Transaction ID : INCA2494</b>
City COLUSA	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Yellow Rose Ranch	Occupation Farmer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Kulwant Johl</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2014	
Mailing Address 3346 Yorktown Drive		<b>Transaction ID : INCA2493</b>	
City Yuba City	State CA	Zip Code 95993	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer John Taylor Fertilizer	Occupation Farmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) <b>B. Bob Barkhouse</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 1380 Kelleen Drive		<b>Transaction ID : INCA2499</b>	
City Yuba City	State CA	Zip Code 95993	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Yuba City	Occupation City Councilman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>C. Betty Etchepare</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014	
Mailing Address 2001 Lurline Rd.		<b>Transaction ID : INCA2500</b>	
City COLUSA	State CA	Zip Code 95932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Self	Occupation Farmer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>Patricia Thomas</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 1640 Timothy Lane		<b>Transaction ID : INCA2503</b>
City Yuba City	State CA	Zip Code 95991
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer J. David Thomas CPA	Occupation Bookkeeper	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>DONALD BRANSFORD</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address P. O. BOX 809		<b>Transaction ID : INCA2515</b>
City COLUSA	State CA	Zip Code 95932
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer SELF	Occupation FARMER	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1700.00	

Full Name (Last, First, Middle Initial) <b>Nicole Van Vleck</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 12755 Garden Hwy		<b>Transaction ID : INCA2517</b>
City Yuba City	State CA	Zip Code 95991
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer AGR Montna Properties	Occupation Manager	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>David J. Burroughs</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 12729 HONCUT RD.		<b>Transaction ID : INCA2534</b>
City MARYSVILLE	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Sacramento Valley Farm Credi	Occupation Banker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>ALLEN ETCHEPARE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address PO BOX 658		<b>Transaction ID : INCA2533</b>
City MAXWELL	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Emerald Farms	Occupation Farmer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00	

Full Name (Last, First, Middle Initial) <b>Robert Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 3999 Bear River Drive		<b>Transaction ID : INCA2535</b>
City Rio Oso	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**EDWIN HULBERT**

Mailing Address 1714 Bunting Ln.

City Lincoln State CA Zip Code 95648

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

Name of Employer COLUSA INDUSTRIAL PROPERTIES Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : INCA2536**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**JACK MCLAUGHLIN**

Mailing Address P. O. BOX 92

City CRESCENT MILLS State CA Zip Code 95934

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

Name of Employer SELF Occupation TRUCK DRIVER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : INCA2538**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Darren Moreland**

Mailing Address 3433 Lessey Dr.

City YUBA CITY State CA Zip Code 95993

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

Name of Employer Butte Sand and Gravel Occupation Pres.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 29 / 2014**

**Transaction ID : INCA2529**

Amount of Each Receipt this Period  
**500.00**

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

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

**1150.00**

**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 15 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**R. Donald Norene**

Mailing Address 600 Swanson Road

City Pleasant Grove State CA Zip Code 95674

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

Name of Employer Norene Ranches, Inc. Occupation Rancher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : INCA2530**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**DONALD SCHRADER**

Mailing Address 701 ELLIS RD.

City Marysville State CA Zip Code 95901

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

Name of Employer N/A Occupation NONE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : INCA2528**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Tomlinson**

Mailing Address 1007 Live Oak Blvd. #A-4

City Yuba City State CA Zip Code 95991

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

Name of Employer Meagher/Tomlinson, Inc. Occupation Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : INCA2531**

Amount of Each Receipt this Period  
 1000.00

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

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

3700.00

**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 16 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Russell Turner**

Mailing Address P.O. Box 522

City State Zip Code  
MCARTHUR CA 96056

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : INCA2521**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn Yerxa**

Mailing Address 3536 Highway 45

City State Zip Code  
Colusa CA 95932

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 29 / 2014

**Transaction ID : INCA2526**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Charles Munger Jr.**

Mailing Address 1423 Hamilton Ave.

City State Zip Code  
PALO ALTO CA 94301

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

Name of Employer Self Occupation Physicist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : INCA2546**

Amount of Each Receipt this Period  
**2600.00**

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

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

**3700.00**

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

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

FOR LINE NUMBER: PAGE 17 OF 63  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**John T. Putman**

Mailing Address 958 Stewart Rd.

City State Zip Code  
Yuba City CA 95991

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

Name of Employer Occupation  
Louis F. Putman Auctioneers Auctioneer/Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : INCA2551**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**T & P Farms**

Mailing Address 1241 Putnam Way

City State Zip Code  
Arbuckle CA 95912

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

Name of Employer Occupation  
Partnership

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : INCA2550**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Perry Charter**

Mailing Address P.O. Box 83

City State Zip Code  
ARBUCKLE CA 95912

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

Name of Employer Occupation  
T & P Farms Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : IDTA240**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

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

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

1300.00

**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 18 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**TOM CHARTER**

Mailing Address **PO BOX 83**

City **Arbuckle** State **CA** Zip Code **95912**

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

Name of Employer **T & P FARMS** Occupation **PARTNER**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : IDTA239**

Amount of Each Receipt this Period  
**500.00**

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN ESTILL**

Mailing Address **PO BOX 320**

City **Gerlach** State **NV** Zip Code **89412**

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

Name of Employer **ESTILL RANCHES LLC** Occupation **EXECUTIVE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : INCA2558**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Pezzullo**

Mailing Address **P. O. Box 1706**

City **SUSANVILLE** State **CA** Zip Code **96130**

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

Name of Employer **Self** Occupation **Rancher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : INCA2561**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

**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 19 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Carolyn Sue Dauterman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1301 Canyon Rim Place		<b>Transaction ID : INCA2569</b>
City Chico	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Thomas Welding	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. TOM DAUTERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 1301 CANYON RIM PL.		<b>Transaction ID : INCA2568</b>
City Chico	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer THOMAS WELDING & MACH., INC.	Occupation MANAGER	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) <b>C. . Barona Band of Mission Indians</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2014
Mailing Address 1095 Barona Road		<b>Transaction ID : INCA2584</b>
City Lakeside	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Sovereign nation	Occupation Indian tribe	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**. SAGINAW CHIPPEWA INDIAN TRIBE**

Mailing Address 7070 E. BROADWAY

City Mt. Pleasant	State MI	Zip Code 48858
----------------------	-------------	-------------------

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

Name of Employer INDIAN TRIBE	Occupation SOVEREIGN NATION
----------------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA2581**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**. YOCHA DEHE WINTUN NATION**

Mailing Address 18960 COUNTY RD. 75A

City Brooks	State CA	Zip Code 95606
----------------	-------------	-------------------

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

Name of Employer INDIAN TRIBE	Occupation SOVEREIGN NATION
----------------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2014

**Transaction ID : INCA2582**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN MCAMIS**

Mailing Address 3263 SHADY BROOK LANE

City Chico	State CA	Zip Code 95928
---------------	-------------	-------------------

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

Name of Employer JE MCAMIS	Occupation CONTRACTOR
-------------------------------	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 25 / 2014

**Transaction ID : INCA2590**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00

**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 21 OF 63		
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mitch Butler**

Mailing Address 8006 Aberdeen Rd

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Occupation  
Natural Resource Results Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2014**

**Transaction ID : INCA2611**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ernestine Chambers**

Mailing Address 293 East Gridley Road

City State Zip Code  
Gridley CA 95948

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2014**

**Transaction ID : INCA2596**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Scott Dacey**

Mailing Address 139 Trent Shores Dr.

City State Zip Code  
TRENT WOODS NC 28562

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

Name of Employer Occupation  
Craven County Commissioner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**09 30 2014**

**Transaction ID : INCA2612**

Amount of Each Receipt this Period  
**500.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CAROLE SOUTHAM**

Mailing Address 1749 COUNTY RD. Y

City State Zip Code  
Butte City CA 95920

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

Name of Employer Occupation  
SELF - CAROLE SOUTHAM FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA2622**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

38275.00

**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 23 OF 63
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Lassen County Republican Central Committee**

Mailing Address 443 Pardee Ave.

City State Zip Code  
SUSANVILLE CA 96130

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 15 2014

**Transaction ID : INCA2559**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M 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).....

150.00

150.00

**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 24 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees' PAC**

Mailing Address 2121 Crystal Dr., #100

City ARLINGTON State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2014

**Transaction ID : INCA2410**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**United States Beet Sugar Assoc. PAC**

Mailing Address 1156 15th St., NW #1019

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00063586

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2014

**Transaction ID : INCA2413**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BLUE SHIELD OF CALIFORNIA PAC**

Mailing Address 50 BEALE ST., 17-C356

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : INCA2415**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 25 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Lehigh Hanson, Inc. PAC**

Mailing Address 300 E. John Carpenter Fwy

City IRVING State TX Zip Code 75062

FEC ID number of contributing federal political committee. **C** C00493270

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : INCA2416**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY PAC (PT-PAC)**

Mailing Address 1111 N. FAIRFAX ST.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : INCA2421**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PAPER PAC (IP-PAC)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW, STE.

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA2427**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 26 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Portland Cement Assoc., Inc. PAC**

Mailing Address 500 New Jersey Ave. NW 7th Fl.

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee. **C** C00237065

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : INCA2428**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL MULTI HOUSING COUNCIL (NMHC) PAC**

Mailing Address 1850 M STREET, NW, STE. 540

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

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

**Transaction ID : INCA2434**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

**C.** Full Name (Last, First, Middle Initial)  
**Nat'l Beer Wholesalers Assoc. PAC**

Mailing Address 1101 King St., #600

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 6000.00

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

**Transaction ID : INCA2433**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 5000.00

\_\_\_\_\_

**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 27 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL PAC**

Mailing Address 1701 JFK BLVD.

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA2456**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lowe's Companies, Inc. PAC (LOWPAC)**

Mailing Address 1000 Lowe's Blvd.

City MOORESVILLE State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA2462**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MINEPAC**

Mailing Address 101 Constitution Ave. NW, #500 Eas

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA2463**

Amount of Each Receipt this Period  
 2000.00

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

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

4000.00

**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 28 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Nat'l Assoc. of Home Builders PAC (Build PAC)**

Mailing Address 1201 15th St. NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : INCA2464**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lockheed Martin Employees' PAC**

Mailing Address 2121 Crystal Dr., #100

City ARLINGTON State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : INCA2475**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMGEN PAC**

Mailing Address ONE AMGEN CENTER DR.

City Thousand Oaks State CA Zip Code 91320

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 20 / 2014

**Transaction ID : INCA2481**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 29 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP FUND**

Mailing Address 800 N. LINDBERGH BLVD.

City	State	Zip Code
Saint Louis	MO	63167

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		20		2014

**Transaction ID : INCA2480**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

**B.** Full Name (Last, First, Middle Initial)  
**REALTORS PAC**

Mailing Address 430 N. MICHIGAN AVE.

City	State	Zip Code
Chicago	IL	60611

FEC ID number of contributing federal political committee. **C** C70002563

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		25		2014

**Transaction ID : INCA2496**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL PAC**

Mailing Address 1111 14TH ST., NW, STE. 1100

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		26		2014

**Transaction ID : INCA2512**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 2500.00

\_\_\_\_\_

**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 30 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**North American Assoc. of Subway Franchisees, Inc. Subs PAC**

Mailing Address 16760 Winchester Club Dr.

City State Zip Code  
MEADOW VISTA CA 95722

FEC ID number of contributing federal political committee. **C C00492512**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : INCA2511**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**USA RICE FEDERATION PAC**

Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 425

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00308478**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5571.43

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 26 / 2014

**Transaction ID : INCA2504**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address The American Road

City State Zip Code  
Dearborn MI 48121

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 11 / 2014

**Transaction ID : INCA2549**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 31 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Allergan Inc. PAC for Employees**

Mailing Address 2148 E. Orange View Ln.

City ORANGE State CA Zip Code 92867

FEC ID number of contributing federal political committee. **C** C00292102

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA2562**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Lehigh Hanson, Inc. PAC**

Mailing Address 300 E. John Carpenter Fwy

City IRVING State TX Zip Code 75062

FEC ID number of contributing federal political committee. **C** C00493270

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : INCA2563**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NFIB SAFE TRUST**

Mailing Address 1201 F ST., NW STE. 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2014

**Transaction ID : INCA2567**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 32 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**REALTORS PAC**

Mailing Address 430 N. MICHIGAN AVE.

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C70002563

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 19 / 2014

**Transaction ID : INCA2570**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ERNST & YOUNG PAC**

Mailing Address 1101 NEW YORK AVE., NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA2573**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC PAC (KOCHPAC)**

Mailing Address 600 14TH STREET, NW, STE. 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : INCA2574**

Amount of Each Receipt this Period  
500.00

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

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

6500.00

**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 33 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**CREDIT UNION LEGISLATIVE ACTION COUNCIL (CULAC THE PAC)**

Mailing Address **601 PENNSYLVANIA AVE. NW SOUTH BUI**  
 City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : INCA2577**

Amount of Each Receipt this Period  
**2000.00**

B. Full Name (Last, First, Middle Initial)  
**LAND O'LAKES, INC., PAC**

Mailing Address **P.O. BOX 64101**  
 City **St. Paul** State **MN** Zip Code **55164**

FEC ID number of contributing federal political committee. **C C00009423**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **7000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : INCA2583**

Amount of Each Receipt this Period  
**2000.00**

C. Full Name (Last, First, Middle Initial)  
**Nat'l Telecommunications Cooperative Assoc.. Telecommunications Education Committee Organi**

Mailing Address **4121 Wilson Blvd. 10th Fl.**  
 City **ARLINGTON** State **VA** Zip Code **22203**

FEC ID number of contributing federal political committee. **C C00004473**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 24 / 2014**

**Transaction ID : INCA2585**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 THIRTEENTH ST., NW STE. 340

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		24		2014

**Transaction ID : INCA2580**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

B. Full Name (Last, First, Middle Initial)  
**AICPA PAC**

Mailing Address 220 Leigh Farm Rd.

City	State	Zip Code
DURHAM	NC	27707

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		25		2014

**Transaction ID : INCA2589**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

C. Full Name (Last, First, Middle Initial)  
**Google NETPAC**

Mailing Address 1101 New York Ave. NW 2nd Fl.

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		29		2014

**Transaction ID : INCA2593**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4500.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1120 CONNECTICUT AVE. NW, STE. 600		<b>Transaction ID : INCA2633</b>	
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00004275</b>	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T INC. FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 208 S. AKARD ST., STE. 2701		<b>Transaction ID : INCA2597</b>	
City Dallas State TX Zip Code 75202	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00109017</b>	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Calif. Water Service Group PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014	
Mailing Address 1720 North First Street		<b>Transaction ID : INCA2617</b>	
City San Jose State CA Zip Code 95112	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00357608</b>	Name of Employer Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 36 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DR.

City State Zip Code  
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2014

**Transaction ID : INCA2615**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Health Net, Inc. PAC

Mailing Address 455 Capitol Mall #600

City State Zip Code  
SACRAMENTO CA 95814

FEC ID number of contributing federal political committee. **C** C00230789

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2014

**Transaction ID : INCA2598**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MDU RESOURCES GROUP GOOD GOVERNMENT FUND

Mailing Address PO BOX 5650

City State Zip Code  
BISMARCK ND 58506

FEC ID number of contributing federal political committee. **C** C00163253

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 30 2014

**Transaction ID : INCA2616**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

**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 37 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MINEPAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 101 Constitution Ave. NW, #500 Eas		<b>Transaction ID : INCA2610</b>
City WASHINGTON	State DC	
FEC ID number of contributing federal political committee. C C00304634		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>B. NOSSAMAN PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 1666 K STREET, NW, STE. 500		<b>Transaction ID : INCA2635</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C C00473652		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Porter Gordon Silver PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address P.O. Box 751271		<b>Transaction ID : INCA2632</b>
City LAS VEGAS	State NV	
FEC ID number of contributing federal political committee. C C00507913		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 63
	<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)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Safari Club Int'l PAC**

Mailing Address 4800 W. Gates Pass Rd.

City State Zip Code  
TUSCON AZ 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA2599**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**USA RICE FEDERATION PAC**

Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 425

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00308478

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5571.43

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA2634**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Wine Institute PAC**

Mailing Address 700 13th St. NW #600

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00065219

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2014

**Transaction ID : INCA2613**

Amount of Each Receipt this Period  
2000.00

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

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

5000.00

61250.00

**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 39 OF 63
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Freshman Agriculture Republican Members Trust**

Mailing Address P.O. Box 30844

City State Zip Code  
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C C00493783**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**32697.44**

Date of Receipt  
 M M / D D / Y Y Y Y  
**09 30 2014**

**Transaction ID : INCA2663**

Amount of Each Receipt this Period  
**6316.11**

Transfer from JFC

**B.** Full Name (Last, First, Middle Initial)  
**Nat'l Sorghum Producers PAC**

Mailing Address 4201 N. Intestate 27

City State Zip Code  
LUBBOCK TX 79403

FEC ID number of contributing federal political committee. **C C00475673**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1714.29**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 27 2014**

**Transaction ID : IDTA243**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Crop Insurance Professionals Assoc. PAC**

Mailing Address 228 S. Washington St., #115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00503680**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2857.15**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 02 2014**

**Transaction ID : IDTA246**

Amount of Each Receipt this Period  
**1000.00**

**[MEMO ITEM]**

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

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

**6316.11**

**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 40 OF 63
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A. FUNDING DEVELOPING LEADERSHIP PAC (AKA FDL PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 8TH ST., NW STE. 500  
 City Washington State DC Zip Code 10001  
 FEC ID number of contributing federal political committee. **C** C00489906  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014  
**Transaction ID : IDTA247**  
 Amount of Each Receipt this Period  
 2000.00  
**[MEMO ITEM]**

**B. LAND O'LAKES, INC., PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 64101  
 City St. Paul State MN Zip Code 55164  
 FEC ID number of contributing federal political committee. **C** C00009423  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014  
**Transaction ID : IDTA245**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**

**C. Minn Corn PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 738 1st Ave. East  
 City SHAKOPEE State MN Zip Code 55379  
 FEC ID number of contributing federal political committee. **C** C00416982  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 02 / 2014  
**Transaction ID : IDTA244**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**

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

0.00

**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 41 OF 63
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Syngenta Corp. PAC**

Mailing Address 3411 Silverside #100

City: Wilmington State: DE Zip Code: 19810

FEC ID number of contributing federal political committee: **C** C00363945

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 15 / 2014

Transaction ID : IDTA248

Amount of Each Receipt this Period: 1000.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**USA RICE FEDERATION PAC**

Mailing Address 4301 NORTH FAIRFAX DRIVE SUITE 425

City: ARLINGTON State: VA Zip Code: 22203

FEC ID number of contributing federal political committee: **C** C00308478

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5571.43

Date of Receipt: 08 / 19 / 2014

Transaction ID : IDTA249

Amount of Each Receipt this Period: 571.43

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

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

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

0.00

6316.11

**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 42 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Placer County Elections**

Mailing Address P.O. Box 5278

City Auburn State CA Zip Code 95604

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 25 / 2014**

**Transaction ID : INCA2419**

Amount of Each Receipt this Period  
**100.00**

Refund of overpayment

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**100.00**

**100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capital Strategies D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address P.O. Box 1605		Amount of Each Disbursement this Period 8615.82
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement Fundraising commission	<b>Transaction ID : EXPB2401</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 190.00
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit card payment	<b>Transaction ID : EXPB2389</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Metro PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 167 G St. #101		Amount of Each Disbursement this Period 40.00
City LINCOLN	State CA	
Zip Code 95648	Purpose of Disbursement Phone svc	<b>Transaction ID : EDTB67EXPB2389</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8805.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Redding Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 747 Auditorium Dr.		Amount of Each Disbursement this Period 150.00
City REDDING	State CA	
Zip Code 96001	Purpose of Disbursement Dues	Transaction ID : EDTB68EXPB2389
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Public Square Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 1127 11th St., #548		Amount of Each Disbursement this Period 2500.00
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Fundraising consulting	Transaction ID : EXPB2388
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address 1225 8TH ST. #425		Amount of Each Disbursement this Period 16.75
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Merchant fee	Transaction ID : EXPB2409
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2516.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 174.98
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone svc.	<b>Transaction ID : EXPB2412</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. David Bauer</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 359.95
City Sacramento	State CA	
Zip Code 95833	Purpose of Disbursement Accounting svc.	<b>Transaction ID : EXPB2418</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 40.00
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit card payment	<b>Transaction ID : EXPB2420</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	574.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Metro PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 167 G St. #101		Amount of Each Disbursement this Period 40.00
City LINCOLN	State CA	
Zip Code 95648	Purpose of Disbursement Phone svc.	Transaction ID : EDTB69EXPB2420
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Public Square Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 1127 11th St., #548		Amount of Each Disbursement this Period 3959.42
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Fundraising consulting and expenses	Transaction ID : EXPB2426
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Chico Republican Women Federated</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address 1 Stratford Way		Amount of Each Disbursement this Period 19.00
City Chico	State CA	
Zip Code 95973	Purpose of Disbursement Voter registration	Transaction ID : EXPB2435
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3978.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 717.02 <b>Transaction ID : EXPB2430</b>
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone svc.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. EFUNDRAISING CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2014
Mailing Address 1225 8TH ST. #425		Amount of Each Disbursement this Period 33.00 <b>Transaction ID : EXPB2442</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Merchant fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Lassen County Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 220 S. Lassen St., #5		Amount of Each Disbursement this Period 509.00 <b>Transaction ID : EXPB2443</b>
City SUSANVILLE	State CA	
Zip Code 96130	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	717.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Modoc County Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 204 S. Court Street		Amount of Each Disbursement this Period 362.00 <b>Transaction ID : EXPB2444</b>
City ALTURAS	State CA	
Zip Code 96101	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Nevada County Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 950 Maidu Ave. #250		Amount of Each Disbursement this Period 1369.40 <b>Transaction ID : EXPB2445</b>
City NEVADA CITY	State CA	
Zip Code 95959	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Placer County Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address P.O. Box 5278		Amount of Each Disbursement this Period 690.00 <b>Transaction ID : EXPB2446</b>
City Auburn	State CA	
Zip Code 95604	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2421.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. PLUMAS COUNTY ELECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 520 MAIN ST. RM 102		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : EXPB2447</b>
City QUINCY	State CA	
Zip Code 95971	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Sierra County Elections</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 100 Courthouse Sq. Rm. 11		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : EXPB2448</b>
City DOWNIEVILLE	State CA	
Zip Code 95936	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Siskiyou County Clerk</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2014
Mailing Address 510 N. Main St.		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : EXPB2449</b>
City Yreka	State CA	
Zip Code 96097	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Tehama County Clerk</b>		Date of Disbursement MM / DD / YYYY 08 / 07 / 2014
Mailing Address 633 Washington Street, #33		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : EXPB2450</b>
City Red Bluff	State CA	
Zip Code 96080	Purpose of Disbursement Ballot statement	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. EFUNDRAISING CONNECTIONS</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2014
Mailing Address 1225 8TH ST. #425		Amount of Each Disbursement this Period 17.25 <b>Transaction ID : EXPB2465</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Merchant fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. David Bauer</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 471.50 <b>Transaction ID : EXPB2470</b>
City Sacramento	State CA	
Zip Code 95833	Purpose of Disbursement Accounting svc.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1288.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Capital Strategies D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address P.O. Box 1605		Amount of Each Disbursement this Period 11786.15 <b>Transaction ID : EXPB2471</b>
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement Fundraising commission	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address P. O. Box 537104		Amount of Each Disbursement this Period 121.47 <b>Transaction ID : EXPB2477</b>
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Phone svc.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1225 8TH ST. #425		Amount of Each Disbursement this Period 108.75 <b>Transaction ID : EXPB2476</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Merchant fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12016.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address P.O. Box 94014		Amount of Each Disbursement this Period 322.43
City Palatine	State IL	
Zip Code 60094	Purpose of Disbursement Credit card payment	<b>Transaction ID : EXPB2492</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address P.O. Box 7221		Amount of Each Disbursement this Period 168.00
City Pasadena	State CA	
Zip Code 91109	Purpose of Disbursement Shipping	<b>Transaction ID : EDTB70EXPB2492</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Raley's</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 211 W. East Ave.		Amount of Each Disbursement this Period 154.43
City Chico	State CA	
Zip Code 95928	Purpose of Disbursement Fundraising supplies	<b>Transaction ID : EDTB71EXPB2492</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	322.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A. EFUNDRAISING CONNECTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1225 8TH ST. #425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 26 / 2014

Amount of Each Disbursement this Period: 10.25

Transaction ID : EXPB2497

Category/Type: 001

**B. Chase Card Services**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 94014

City Palatine State IL Zip Code 60094

Purpose of Disbursement Credit card payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 40.00

Transaction ID : EXPB2518

Category/Type: 001

**C. Metro PCS**

Full Name (Last, First, Middle Initial)  
Mailing Address 167 G St. #101

City LINCOLN State CA Zip Code 95648

Purpose of Disbursement Phone svc.

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 40.00

Transaction ID : EDTB72EXPB2518

[MEMO ITEM]

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 50.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Public Square Partners</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 1127 11th St., #548			Amount of Each Disbursement this Period 5542.22 <b>Transaction ID : EXPB2519</b>
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement Fundraising consulting and expenses		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. EFUNDRAISING CONNECTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 1225 8TH ST. #425			Amount of Each Disbursement this Period 108.75 <b>Transaction ID : EXPB2539</b>
City Sacramento	State CA	Zip Code 95814	
Purpose of Disbursement Merchant fee		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. David Bauer</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 2150 River Plaza Dr., #150			Amount of Each Disbursement this Period 594.26 <b>Transaction ID : EXPB2541</b>
City Sacramento	State CA	Zip Code 95833	
Purpose of Disbursement Accounting svc.		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6245.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address P. O. Box 660108		Amount of Each Disbursement this Period 174.92 <b>Transaction ID : EXPB2542</b>
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone svc.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Taxpayers for Jim Nielsen</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 9321 Silverbend Ln.		Amount of Each Disbursement this Period 1333.33 <b>Transaction ID : EXPB2543</b>
City Elk Grove	State CA	
Zip Code 95624	Purpose of Disbursement Office rent	Category/ Type 001
Candidate Name <b>Taxpayers for Jim Nielsen</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District: 03	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Chico Republican Women Federated</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 1 Stratford Way		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : EXPB2544</b>
City Chico	State CA	
Zip Code 95973	Purpose of Disbursement Luncheon	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1523.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Jason McCormick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 27 Baltar Loop #2		Amount of Each Disbursement this Period 3235.12 <b>Transaction ID : EXPB2545</b>
City Chico	State CA	
Zip Code 95973	Purpose of Disbursement Campaign consulting, mileage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P. O. Box 537104		Amount of Each Disbursement this Period 121.97 <b>Transaction ID : EXPB2571</b>
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Phone svc.	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jason McCormick</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 27 Baltar Loop #2		Amount of Each Disbursement this Period 3235.12 <b>Transaction ID : EXPB2572</b>
City Chico	State CA	
Zip Code 95973	Purpose of Disbursement Campaign consulting, mileage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6592.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

**A. EFUNDRAISING CONNECTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1225 8TH ST. #425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement Merchant fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2014

Amount of Each Disbursement this Period: 13.50

Transaction ID : EXPB2576

Category/Type: 001

**B. Chico Republican Women Federated**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 Stratford Way

City Chico State CA Zip Code 95973

Purpose of Disbursement Voter registration

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 25 / 2014

Amount of Each Disbursement this Period: 9.00

Transaction ID : EXPB2587

Category/Type: 001

**C. Placer County Republican Central Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 605

City Loomis State CA Zip Code 95650

Purpose of Disbursement Mass mail

Candidate Name Placer County Republican Centr

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 25 / 2014

Amount of Each Disbursement this Period: 900.00

Transaction ID : EXPB2588

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional)..... 922.50

**TOTAL** This Period (last page this line number only)..... 48825.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 63	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Doug Ose for Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 5046 Sunrise Blvd.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB2396</b>
City FAIR OAKS	State CA	
Zip Code 95628	Purpose of Disbursement 011 Category/Type	
Candidate Name <b>Doug Ose</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 07	

Full Name (Last, First, Middle Initial) <b>B. Jeff Gorrell for Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1305 Del Norte Rd., #105		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB2400</b>
City Camarillo	State CA	
Zip Code 93010	Purpose of Disbursement 011 Category/Type	
Candidate Name <b>Jeff Gorrell</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 26	

Full Name (Last, First, Middle Initial) <b>c. Mooney for Congress</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address P.O. Box 1863		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB2398</b>
City MARTINSBURG	State WV	
Zip Code 25402	Purpose of Disbursement 011 Category/Type	
Candidate Name <b>Alex Mooney</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WV District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 63
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Nestande for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2150 River Plaza Dr., #150		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB2397</b>
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement 011 Category/ Type	
Candidate Name <b>Brian Nestande</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 36	

Full Name (Last, First, Middle Initial) <b>B. Tom MacArthur for Congress, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014
Mailing Address 2 West Windsor Ave.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB2399</b>
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement 011 Category/ Type	
Candidate Name <b>Tom MacArthur</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

Full Name (Last, First, Middle Initial) <b>c. Shasta County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2014
Mailing Address P. O. Box 993262		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : EXPB2411</b>
City REDDING	State CA	
Zip Code 96099	Purpose of Disbursement 008 Category/ Type	
Candidate Name <b>Shasta County Republican Central Committee</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 63	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 320 First St., SE		Amount of Each Disbursement this Period 50000.00 <b>Transaction ID : EXPB2417</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement TRANSFER UNNEEDED FUNDS	Category/ Type 008
Candidate Name <b>National Republican Congressio</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Zeldin for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address P.O. Box 610		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : EXPB2425</b>
City SHIRLEY	State NY	
Zip Code 11967	Purpose of Disbursement	Category/ Type 011
Candidate Name <b>Lee Zeldin</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>C. NEVADA COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P. O. BOX 403		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : EXPB2575</b>
City GRASS VALLEY	State CA	
Zip Code 95949	Purpose of Disbursement Transfer unneeded funds	Category/ Type 008
Candidate Name <b>NEVADA COUNTY REPUBLICAN PARTY</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53000.00
<b>TOTAL</b> This Period (last page this line number only).....	64500.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC315**  
**DOUG LAMALFA COMMITTEE**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Doug LaMalfa</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16 LaMalfa Lane	

City	State	ZIP Code
Oroville	CA	95965

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	50000.00	75000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 30 / Y 2012	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> This Period (last page in this line only).....	75000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC315

Personal funds

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**DOUG LAMALFA COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capital Strategies D.C.</b>	Nature of Debt (Purpose): Fundraising commission
Mailing Address P.O. Box 1605	
City State Zip Code ALEXANDRIA VA 22313	

Outstanding Balance Beginning This Period 8615.82	<b>Transaction ID : PAYD2348</b>	
Amount Incurred This Period 0.00	Payment This Period 8615.82	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Public Square Partners</b>	Nature of Debt (Purpose): Fundraising expenses
Mailing Address 1127 11th St., #548	
City State Zip Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : PAYD2600</b>	
Amount Incurred This Period 3553.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 3553.10

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	3553.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	3553.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	75000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	78553.10