

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Debbie Bacigalupi for Congress

ADDRESS (number and street) PO Box 657
 Check if different than previously reported. (ACC) San Carlos CA 94070

2. **FEC IDENTIFICATION NUMBER** C C00516799 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
CA 14

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on MM / DD / YYYY in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on MM 11 / DD 06 / YYYY 2012 in the State of CA

5. Covering Period MM 10 / DD 18 / YYYY 2012 through MM 11 / DD 26 / YYYY 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Nancy L. Warren
Signature of Treasurer Nancy L. Warren *[Electronically Filed]* Date MM 01 / DD 31 / YYYY 2013

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Debbie Bacigalupi for Congress

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))....	924.61	32662.58
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	924.61	32662.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4432.69	19234.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4432.69	19234.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13473.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	6901.95	

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

Debbie Bacigalupi for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	474.61	22236.58
(ii) Unitemized.....	450.00	7426.00
(iii) TOTAL of contributions from individuals ▶	924.61	29662.58
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	924.61	32662.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	45.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	924.61	32707.58

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4432.69	19234.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4432.69	19234.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16981.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	924.61
25. SUBTOTAL (add Line 23 and Line 24).....	17905.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4432.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13473.08

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

Form/Schedule: F3A
Transaction ID :

Change to contributions received

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<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	

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

NAME OF COMMITTEE (In Full)
Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial)
Debbie Bacigalupi

Mailing Address 250 Shelford Avenue

City San Carlos State CA Zip Code 94070

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

Name of Employer Self-employed (same name) Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4996.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2012

Transaction ID : NONA362

Amount of Each Receipt this Period
274.61

In-Kind Contribution for telephone and office expenses

B. Full Name (Last, First, Middle Initial)
Edward V. Lewandowski

Mailing Address 805 Darrell Rd.

City Burlingame State CA Zip Code 94010

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

Name of Employer None Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 20 / 2012

Transaction ID : INCA389

Amount of Each Receipt this Period
200.00

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).....

474.61

474.61

**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 7 OF 11			
	<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)
Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial) A. Signs Now		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2012
Mailing Address 1128 Sibley St. Unit B		Amount of Each Disbursement this Period 2757.02
City Folsom State CA Zip Code 95630	Purpose of Disbursement Signs, Banners, Posters 004 Category/Type	
Candidate Name		Transaction ID : EXPB295
Office Sought: House Senate President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Signs Now		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 1128 Sibley St. Unit B		Amount of Each Disbursement this Period 1315.59
City Folsom State CA Zip Code 95630	Purpose of Disbursement Campaign Signs and Banners 004 Category/Type	
Candidate Name		Transaction ID : EXPB344
Office Sought: House Senate President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Debbie Bacigalupi		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address 250 Shelford Avenue		Amount of Each Disbursement this Period 274.61
City San Carlos State CA Zip Code 94070	Purpose of Disbursement In-Kind Contribution for telephone and office expenses Category/Type	
Candidate Name		Transaction ID : NONB362
Office Sought: House Senate President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4347.22
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 8 OF 11	
	<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)
Debbie Bacigalupi for Congress

Full Name (Last, First, Middle Initial) A. Best Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 3 Western MD Pkwy.		Amount of Each Disbursement this Period 74.57
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Merchant Service Fee 003 Category/Type	
Candidate Name		Transaction ID : EXPB352
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. Best Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2012
Mailing Address 3 Western MD Pkwy.		Amount of Each Disbursement this Period 10.00
City Hagerstown State MD Zip Code 21740	Purpose of Disbursement Merchant Service Fee 003 Category/Type	
Candidate Name		Transaction ID : EXPB353
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	84.57
TOTAL This Period (last page this line number only).....	4431.79

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

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barragan Construction Corporation		Nature of Debt (Purpose): Billboard Installation
Mailing Address 3610 Martin Dr.		
City State	Zip Code	
San Mateo CA	94403	

Outstanding Balance Beginning This Period	Transaction ID : PAYD359	
<input type="text" value="900.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="900.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frank S. Hensley		Nature of Debt (Purpose): Permits & tabling
Mailing Address 3734 Caravella Dr.		
City State	Zip Code	
San Jose CA	95117	

Outstanding Balance Beginning This Period	Transaction ID : PAYD83	
<input type="text" value="320.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="320.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frank S. Hensley		Nature of Debt (Purpose): Campaign Materials, Travel Expenses, Advertising Expenses
Mailing Address 3734 Caravella Dr.		
City State	Zip Code	
San Jose CA	95117	

Outstanding Balance Beginning This Period	Transaction ID : PAYD291	
<input type="text" value="963.72"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="963.72"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2183.72"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

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

Nature of Debt (Purpose):
Printing Expense, Travel Expense, Office Expense

Mailing Address 3734 Caravella Dr.

City State Zip Code
San Jose CA 95117

Outstanding Balance Beginning This Period

1009.27

Transaction ID : PAYD292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1009.27

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

Nature of Debt (Purpose):

Mailing Address 619 Carolina Street

City State Zip Code
San Francisco CA 94107

Outstanding Balance Beginning This Period

1295.18

Transaction ID : PAYD356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1295.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Warren and Associates LLC

Nature of Debt (Purpose):
Political compliance & treasurer services

Mailing Address 20 Galli Drive
Suite A

City State Zip Code
Novato CA 94949-5731

Outstanding Balance Beginning This Period

487.50

Transaction ID : PAYD261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

487.50

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

2791.95

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Debbie Bacigalupi for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Warren and Associates LLC

Mailing Address 20 Galli Drive
Suite A

City State Zip Code
Novato CA 94949-5731

Nature of Debt (Purpose):
Political compliance and treasurer services

Outstanding Balance Beginning This Period **Transaction ID : PAYD336**
1427.15

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1427.15

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Warren and Associates LLC

Mailing Address 20 Galli Drive
Suite A

City State Zip Code
Novato CA 94949-5731

Nature of Debt (Purpose):
Political compliance and treasurer services

Outstanding Balance Beginning This Period **Transaction ID : PAYD355**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
499.13 0.00 499.13

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	1926.28
2) TOTALS This Period (last page this line number only)	6901.95
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	6901.95