

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 APR 11 PM 12:13

Office Use Only

1 NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

P.O. BOX 3263

Check if different than previously reported. (ACC)

NAPA CA 94558 2501

2 FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00455659

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) Election on \_\_\_\_\_ in the State of \_\_\_\_\_ General (12G) Special (12S) Runoff (12R)

(d) 30-Day POST-Election Report for the: General (30G) Election on \_\_\_\_\_ in the State of \_\_\_\_\_ Runoff (30R) Special (30S)

5. Covering Period JANUARY 1, 2016 through MARCH 31, 2016

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 JOSEPH BLEVINS

Signature of Treasurer *Joseph Blevins*

Date 04 05 2016

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							
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**FEC FORM 3X**  
Rev. 12/2004

NON-FEDERAL CAMPAIGN DISBURSEMENTS

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

01 01 2016

To:

03 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		
(b) Cash on Hand at Beginning of Reporting Period.....	2890.00	
(c) Total Receipts (from Line 19).....	50.00	50.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2940.00	2940.00
7. Total Disbursements (from Line 31).....	600.00	600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2340.00	2340.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	0	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: 01 01 2016 To: 03 31 2016

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	00.00	00.00
(ii) Unitemized.....	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50.00	50.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	50.00	50.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	50.00	50.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50.00	50.00

NON-FEDERAL CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	600.00	600.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	600.00	600.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	600.00	600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	600.00	600.00

NON-FEDERAL SHARE

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	50.00	50.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50.00	50.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	.	.
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.	.
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	.	.

NON-FEDERAL CAMPAIGN

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 15

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

NAME OF COMMITTEE (In Full)

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

<b>A.</b>	Date of Receipt
Mailing Address	
City State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼
Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address	
City State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼
Full Name (Last, First, Middle Initial)	Date of Receipt
Mailing Address	
City State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period
Name of Employer Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 15					
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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

NAME OF COMMITTEE (In Full)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**NAPA - SOLANO HOME & GARDEN SHOW**

Date of Disbursement  
**02 23 2016**

Mailing Address  
**P.O. BOX 475**

City State Zip Code  
**LINCOLN CA 95648**

Purpose of Disbursement  
**BOOTH RENTAL TO REGISTER VOTERS**

Candidate Name  
**ETC, HAND OUT LITERATURE.**

Category/Type

Amount of Each Disbursement this Period  
**600.00**

Office Sought: House  Senate  President

Disbursement For: Primary  General  Other (specify)

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House  Senate  President

Disbursement For: Primary  General  Other (specify)

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House  Senate  President

Disbursement For: Primary  General  Other (specify)

State: District:

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

**TOTAL** This Period (last page this line number only)..... ▶ **600.00**

PHOTO OF THE ORIGINAL DOCUMENT

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

Use separate schedule(s) for each category of the Detailed Summary Page  
 PAGE **8** OF **15**  
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
 Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
			<input type="checkbox"/> Yes <input type="checkbox"/> No

% (apr)

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:

**NONE**

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

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

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

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE



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

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page 9 of Schedule C

NAME OF COMMITTEE (In Full) <b>NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>		FEC IDENTIFICATION NUMBER <b>000455659</b>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established	
City	State	Zip Code	Date Due
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: <u>NONE</u>		What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE	
Title			

NON-FEDERAL CAMPAIGN FINANCING

**SCHEDULE D (FEC Form 3X)**  
**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)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

**VOID**

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

NON-FEDERAL CAMPAIGN FINANCIAL REPORT

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) \_\_\_\_\_

FEC IDENTIFICATION NUMBER ▾  
C 00455659

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_ Category/Type \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought \_\_\_\_\_

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Amount \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_ Category/Type \_\_\_\_\_

Name of Federal Candidate Supported or Opposed by Expenditure: \_\_\_\_\_

Calendar Year-To-Date Per Election for Office Sought \_\_\_\_\_

Office Sought:  House State: \_\_\_\_\_  
 Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Amount \_\_\_\_\_

ALONG

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ \_\_\_\_\_

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures..... ▶ \_\_\_\_\_

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y

CONFIDENTIAL - ON RECORD

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

PAGE 12 OF 15  
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>NADA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee  Mailing Address  City _____ State _____ ZIP Code _____						
Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City _____ State _____ Zip Code _____			Purpose of Expenditure  Date MM / DD / YYYY		Category/ Type				
Name of Federal Candidate Supported		Office Sought: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>House</td></tr> <tr><td>Senate</td></tr> <tr><td>Presidential</td></tr> </table>		House	Senate	Presidential	State: _____ District: _____		Amount  Aggregate General Election Expenditure for this Candidate ▶
House									
Senate									
Presidential									
Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City _____ State _____ Zip Code _____			Purpose of Expenditure  Date MM / DD / YYYY		Category/ Type				
Name of Federal Candidate Supported		Office Sought: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>House</td></tr> <tr><td>Senate</td></tr> <tr><td>Presidential</td></tr> </table>		House	Senate	Presidential	State: _____ District: _____		Amount  Aggregate General Election Expenditure for this Candidate ▶
House									
Senate									
Presidential									
Full Name (Last, First, Middle Initial) of Each Payee  Mailing Address  City _____ State _____ Zip Code _____			Purpose of Expenditure  Date MM / DD / YYYY		Category/ Type				
Name of Federal Candidate Supported		Office Sought: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>House</td></tr> <tr><td>Senate</td></tr> <tr><td>Presidential</td></tr> </table>		House	Senate	Presidential	State: _____ District: _____		Amount  Aggregate General Election Expenditure for this Candidate ▶
House									
Senate									
Presidential									
<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶									
<b>TOTAL</b> This Period (last page this line number only).....▶									

NATIONAL ARCHIVE DOCUMENT

13/15

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

NO. OF FEDERAL FUNDS

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

NIAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
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**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE.**

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
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**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....		
ii) Generic Voter Drive .....		
iii) Exempt Activities .....		
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising .....		
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC) .....		

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....		
TOTAL This Period (Generic Voter Drive) .....		
TOTAL This Period (Exempt Activities) .....		
TOTAL This Period (Direct Fundraising) .....		
TOTAL This Period (Direct Candidate Support) .....		
TOTAL This Period (Public Communications Referring Only to Party) .....		
TOTAL This Period (Total Amount Transferred) .....		

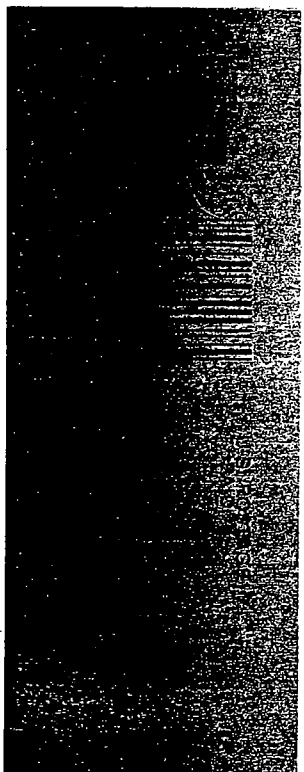
NON-FEDERAL ACCOUNTS

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