

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

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Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

FEC MAIL CENTER
12 FEB 4M5

ADDRESS (number and street) **512 N KAWEAH AVE**
EXETER CA 93221-1200

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00166355

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on **11** / **06** / **2012** in the State of

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

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period **10** / **01** / **2012** through **10** / **17** / **2012**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **SHIRLEY BATCHMAN**

Signature of Treasurer *Shirley Batchman* Date **10** / **18** / **2012**

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

12030924437

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **10 / 01 / 2012** To: **10 / 17 / 2012**

12030924438

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		116,523
(b) Cash on Hand at Beginning of Reporting Period.....	19,554.44	
(c) Total Receipts (from Line 19)	2,300.-	17,140.-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4,255.40	28,755.23
7. Total Disbursements (from Line 31)	205.-	247,047.9
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,050.40	4,050.40
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. 02/2003)

Page 3

Write or Type Committee Name

CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

10 ' 01 ' 2012

To:

10 ' 17 ' 2012

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).....

2300.—

14370.—

(ii) Unitemized

0

1270.—

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

0

13340.—

(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).....▶

2300.—

15640.—

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

1500.—

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)).....▶

2300.—

17140.—

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2300.—

17140.—

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DETAILED SUMMARY PAGE
of Disbursements

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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	24,499.79
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	200.—	200.—
(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)).....	200.—	200.—
29. Other Disbursements	5.—	5.—
30. Federal Election Activity (2 U.S.C. §431(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	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	205.—	24,704.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	205.—	24,704.79

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)	2,300.00	15,640.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,100.00	15,440.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

12030924441

**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 1 OF 3		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <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, either than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LASSALETTE, MARTHA S.		Date of Receipt 10'03'2012
Mailing Address 42151 CIBOLA CR		Amount of Each Receipt this Period , 100.—
City TEMECULA	State Zip Code CA 92592	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) DONATION	Aggregate Year-to-Date , 100.—	

Full Name (Last, First, Middle Initial) B. EGOROV, JACK M		Date of Receipt 10'11'2012
Mailing Address P O BOX 673		Amount of Each Receipt this Period , 300.—
City PORTERVILLE	State Zip Code CA 93258	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	Aggregate Year-to-Date , 300.—	

Full Name (Last, First, Middle Initial) C. HAMILTON, LAURA L		Date of Receipt 10'11'2012
Mailing Address 26677 RD 196		Amount of Each Receipt this Period , 150.—
City EXETER	State Zip Code CA 93221	
FEC ID number of contributing federal political committee. C		
Name of Employer KEN'S STAKES & SUPPLIES	Occupation CLERICAL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) FUNDRAISER	Aggregate Year-to-Date , 150.—	

SUBTOTAL of Receipts This Page (optional).....▶	, 550.—
TOTAL This Period (last page this line number only).....▶	, , .

12030924442

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

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

FOR LINE NUMBER: PAGE **2** OF **3**
(check only one)

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

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NAME OF COMMITTEE (in Full)
CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

A. GLESS, JOHN J.

Full Name (Last, First, Middle Initial)
Mailing Address
1441 RAVENSWOOD LN

City **RIVERSIDE** State **CA** Zip Code **92506**

Date of Receipt
10 ' 12 ' 2012

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

Amount of Each Receipt this Period
, 500.—

Name of Employer **SELF** Occupation **FARMER**

Receipt For:
 Primary General
 Other (specify) **DONATION**

Aggregate Year-to-Date **, 500.—**

B. NEHRIG, JOHN G.

Full Name (Last, First, Middle Initial)
Mailing Address
2104 E. GULBERSON RD

City **FILLMORE** State **CA** Zip Code **93015**

Date of Receipt
10 ' 12 ' 2012

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

Amount of Each Receipt this Period
, 450.—

Name of Employer **PARAMOUNT CITRUS** Occupation **MANAGER**

Receipt For:
 Primary General
 Other (specify) **FUNDRAISER**

Aggregate Year-to-Date **, 450.—**

C. FUGATE, E. BURT

Full Name (Last, First, Middle Initial)
Mailing Address
P.O. BOX 1519

City **SANTA MARIA** State **CA** Zip Code **93456**

Date of Receipt
10 ' 01 ' 2012

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

Amount of Each Receipt this Period
, 500.—

Name of Employer **SELF** Occupation **FARMER**

Receipt For:
 Primary General
 Other (specify) **DONATION**

Aggregate Year-to-Date **, 500.—**

SUBTOTAL of Receipts This Page (optional)..... **, 1,450.—**

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

1203092443

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

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

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

A. RABE, ETIENNE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4522 AVIARA DR**
 City: **BAKERSFIELD** State: **CA** Zip Code: **93312**
 Date of Receipt: **10' 17' 2012**
 Amount of Each Receipt this Period: **, 150. —**
 Name of Employer: **PARAMOUNT CITRUS** Occupation: **AGRONOMIST**
 Receipt For: Other (specify) **FUNDRAISER** Aggregate Year-to-Date: **, 350. —**

B. WEBER, JOSEPH J
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. BOX 337**
 City: **WOODLAKE** State: **CA** Zip Code: **93286**
 Date of Receipt: **10' 15' 2012**
 Amount of Each Receipt this Period: **, 150. —**
 Name of Employer: **SELF** Occupation: **FARMER**
 Receipt For: Other (specify) **FUNDRAISER** Aggregate Year-to-Date: **, 200. —**

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Date of Receipt: **MM / DD / YYYY**
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee: **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional)..... **, 300. —**
TOTAL This Period (last page this line number only)..... **, 2,300. —**

1203092444

**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 / OF /
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input checked="" 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	

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NAME OF COMMITTEE (In Full)
CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) EGOROV, JACK M		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address PO BOX 673		Amount of Each Disbursement this Period 200.—
City PORTERVILLE	State CA	
Zip Code 93258		Amount of Each Disbursement this Period 200.—
Purpose of Disbursement CHECK RETURNED BY BANK	Category/ Type 010	
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 checked="" type="checkbox"/> Other (specify) ▼ CHECK RETURNED	
State: District:		

B. Full Name (Last, First, Middle Initial)		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		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
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:		

C. Full Name (Last, First, Middle Initial)		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		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
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).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, 200.—

12030924445

**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	OF
	<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 checked="" type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b		

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NAME OF COMMITTEE (in Full)
CALIFORNIA CITRUS MUTUAL POLITICAL ACTION COMMITTEE

1203092446

A. Full Name (Last, First, Middle Initial) BANK OF THE SIERRA		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address P.O. BOX 1930		Amount of Each Disbursement this Period 5.00
City PORTERVILLE	State Zip Code CA 93258	
Purpose of Disbursement BANK CHARGE FOR RETURNED CHECK	Candidate Name CHECK	Category/Type 001
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 checked="" type="checkbox"/> Other (specify) ▼ BANK CHARGE	
State: _____ District: _____		

B. Full Name (Last, First, Middle Initial)		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	Candidate Name	Category/Type
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: _____		

C. Full Name (Last, First, Middle Initial)		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	Candidate Name	Category/Type
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).....	, , .
TOTAL This Period (last page this line number only).....	, , 5.00

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp.* Shipping Date
10/18/12
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm A
 PREPARER

10/23/12
 DATE PREPARED

12030924447