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Image# 201507089000066486

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Than An Authoriz	ed Committee	Office	Use Only
1. NAME OF T COMMITTEE (in full)		xample: If typing, type ver the lines.	12FE4M5	
Pacific Coast Producers	Political Action Commit	tee Federal	<u> </u>	
ADDRESS (number and street)	1127 11th Street, Suite 300			
Check if different than previously reported. (ACC)	Sacramento		CA 958	314
2. FEC IDENTIFICATION NUM	MBER ▼ CITY ▲		STATE A	ZIP CODE ▲
C C00245910	3. IS THIS REPOR	V	AMENDE (A)	ED .
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) X July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	PRE-Election Report for the:	Jun 20 (M6)	Aug 20 (M8 Sep 20 (M8 Oct 20 (M1 General (12G) Special (12S) Runoff (30R)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 01	/ D D / Y Y Y Y Y Y D Y D D D D D D D D	through 06		2015
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of my kr J. Richard Eichman 3818KAU	nowledge and belief it is tru	ue, correct and comp	olete.
Signature of Treasurer J. Richa	ard Eichman 3818KAU		Date 07_	07 2015
NOTE: Submission of false, erroneo	us, or incomplete information may	subject trie person signing the		EC FORM 3X
Use Only			'	Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2					
	Write or Type Committee Name							
- -	Pacific Coast Producers Political	Action Committee Federal						
R	Report Covering the Period: From:	01 / 01 / 2015 To:	06 30 / 2015					
		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2015		3739.07					
	(b) Cash on Hand at Beginning of Reporting Period	3739.07						
	(c) Total Receipts (from Line 19)	4541.12	4541.12					
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8280.19	8280.19					
7.	Total Disbursements (from Line 31)	4999.00	4999.00					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3281.19	3281.19					
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)	0.00						
	This committee has qualified as a mult	ticandidate 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)

Write or Type Committee Name

Pacific Coast Producers Political Action Committee Federal

Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
Than Political Committees		
(i) Itemized (use Schedule A)		2568.06
(i) iternized (doc ouriedate 7)	2568.06	2300.00
(ii) Unitemized	1973.06	1973.06
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	4541.12	4541.12
Political Party Committees	0.00	0.00
Other Political Committees		
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	4541.12	4541.12
sfers From Affiliated/Other		
y Committees	0.00	0.00
oans Received	0.00	0.00
Repayments Received	0.00	0.00
1 1	7	7
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
nds of Contributions Made		
ederal Candidates and Other		
ical Committees	0.00	0.00
r Federal Receipts		
dends, Interest, etc.)	0.00	0.00
sfers from Non-Federal and Levin Funds		
Non-Federal Account		
(from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
r unus (mont soneuule 115)	7	
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees	(iii) TOTAL (add Lines 11(a)(i) and (ii)

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
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcillati icar-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	5.00	
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees	4000.00	4000.00
and Other Political Committees	4000.00	4000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures	7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
F		
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man i onical committees	5.55	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(add 2.1100 20(a), (b), and (0))	7	
Other Disbursements	999.00	999.00
_	7	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal Shale	7	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	4999.00	4999.00
-, -,,,,,,,,, -	7	4393.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	4999.00	4999.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4541.12	4541.12
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4541.12	4541.12
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF 18 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page 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) Pacific Coast Producers Political Action Committee Federal Full Name (Last, First, Middle Initial) Sarbjit Athwal Date of Receipt Mailing Address 5117 Central Avenue 04 30 2015 City State Zip Code Transaction ID: INCA599 CA Ceres 95307 Amount of Each Receipt this Period FEC ID number of contributing C 141.53 federal political committee. Name of Employer Occupation Sarbjit Athwal, Farmer Farmer Receipt For: Aggregate Year-to-Date ▼ Primary General 211.61 Other (specify) Full Name (Last, First, Middle Initial) B. Sarbjit Athwal Date of Receipt Mailing Address 5117 Central Avenue 06 24 2015 City State Zip Code Transaction ID: INCA638 CA Ceres 95307 Amount of Each Receipt this Period FEC ID number of contributing 70.08 federal political committee. Name of Employer Occupation Sarbjit Athwal, Farmer Farmer Receipt For: Aggregate Year-to-Date ▼ Primary General 211.61 Other (specify) Full Name (Last, First, Middle Initial) c. Delta Orchards LP Date of Receipt Mailing Address P.O. Box E 30 2015 04 City Zip Code State **Transaction ID: INCA605** CA Courtland 95615 Amount of Each Receipt this Period FEC ID number of contributing 162.19 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 242.66 Other (specify) 373.80 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

Form/Schedule: SA11AI Transaction ID: INCA599

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

Form/Schedule: SA11AI Transaction ID: INCA638

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

Form/Schedule: SA11AI Transaction ID: INCA605

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

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

FOR	R LINE	NU	IMBER	:	PAGE	9	OF	18
(che	eck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personante name and address of any political committee to	
NAME OF COMMITTEE (In Full) Pacific Coast Producers Politica	al Action Committee Federal	
Full Name (Last, First, Middle Initial) A. Delta Orchards LP		Date of Receipt
Mailing Address P.O. Box E		06 24 2015
City	State Zip Code CA 95615	Transaction ID : INCA644
Courtland	CA 95615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.47
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.66	
Full Name (Last, First, Middle Initial) Martin Hein Ranch Company		Date of Receipt
Mailing Address 27210 Road 108		04 30 2015
City	State Zip Code	Transaction ID : INCA601
Visalia	CA 93277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	402.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 601.32	
Full Name (Last, First, Middle Initial) C. Martin Hein Ranch Company		Date of Receipt
Mailing Address 27210 Road 108		06 24 _2015 _
City	State Zip Code	Transaction ID : INCA640
Visalia	CA 93277	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	199.32
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 601.32	
SUBTOTAL of Receipts This Page (optional)		681.79
TOTAL This Period (last page this line number	only)	

Form/Schedule: SA11AI Transaction ID: INCA644

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

Form/Schedule: SA11AI Transaction ID: INCA601

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: INCA640

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

FOR LINE NUMBER: PAGE 12 OF 18 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 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) Pacific Coast Producers Political Action Committee Federal Full Name (Last, First, Middle Initial) Payne Bros. Ranches Date of Receipt Mailing Address 13330 County Road 102 04 30 2015 City State Zip Code Transaction ID: INCA613 CA Woodland 95776 Amount of Each Receipt this Period FEC ID number of contributing C 876.73 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1311.26 Other (specify) Full Name (Last, First, Middle Initial) B. Payne Bros. Ranches Date of Receipt Mailing Address 13330 County Road 102 06 2015 24 City State Zip Code **Transaction ID: INCA652** Woodland CA 95776 Amount of Each Receipt this Period FEC ID number of contributing 434.53 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1311.26 Other (specify) Full Name (Last, First, Middle Initial) c. Ravi Thiara Date of Receipt Mailing Address 1130 Bridge St 30 2015 04 Zip Code City State **Transaction ID: INCA626** CA Yuba City 95991 Amount of Each Receipt this Period FEC ID number of contributing 134.52 С federal political committee. Name of Employer Occupation Producer Ravi Thiara, Producer Receipt For: Aggregate Year-to-Date ▼ Primary General 201.21 Other (specify) 1445.78 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

Form/Schedule: SA11AI Transaction ID: INCA613

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

Form/Schedule: SA11AI Transaction ID: INCA652

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

Form/Schedule: SA11AI Transaction ID: INCA626

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

FOR LINE NUMBER: (check only one) X 11a 11b

PAGE 15 OF 18 Use separate schedule(s) for each category of the 12 11c Detailed Summary Page 14 13 15 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) Pacific Coast Producers Political Action Committee Federal Full Name (Last, First, Middle Initial) Ravi Thiara Date of Receipt Mailing Address 1130 Bridge St 2015 06 24 City State Zip Code Transaction ID: INCA665 CA Yuba City 95991 Amount of Each Receipt this Period FEC ID number of contributing C 66.69 federal political committee. Name of Employer Occupation Ravi Thiara, Producer Producer Receipt For: Aggregate Year-to-Date ▼ Primary General 201.21 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 66.69 SUBTOTAL of Receipts This Page (optional)..... 2568.06 TOTAL This Period (last page this line number only).....

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: INCA665

Intermediary: Pacific Coast Producers 631 North Cluff Avenue, Lodi, CA 95241

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30l
Any information copied from such Reports and State	l ments may not be sold or us		
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
Pacific Coast Producers Political A	ction Committee Fe	ederal	
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Chavez for US Senate 2016, Rock	X y		M M / D D / Y Y Y Y
Mailing Address 32302 Camino Capistrano, Suite 2	14		06 19 2015
,	State Zip Code		Transaction ID : EXPB636
San Juan Capistrano	CA 92675		Hansaction ID . EXP 0030
Purpose of Disbursement C00573832		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rocky Chavez		Type	1500.00
	ment For: 2016		
Senate President	Primary General Other (specify) ▼		
State: CA District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. Nat'l Cncl of Farmer			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 50 F Street NW, Suite 900			05 12 2015
City Washington	State Zip Code DC 20001		Transaction ID : EXPB634
Purpose of Disbursement	2000.		
C00002238		011	Amount of Each Disbursement this Period
Candidate Name Nat'l Cncl of Farmer		Category/	2500.00
	ment For:	Type	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
.			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
·			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office County		Type	
Office Sought: House Disburse Senate	ment For: Primary General		
President	Other (specify)		
State: District:			
•			1000.00
SUBTOTAL of Disbursements This Page (optional)		·····	4000.00
TOTAL This Period (last page this line number only)		4000.00
	,		

Use separate schodule(s) for each calegory of the Detailed Summary Page 22 to 28 28 28 28 28 28 28 28	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 18 OF 18				
Detailed Summary Page 27 28 28 28 28 28 28 28 27 28 28 27 28 28 28 28 28 28 28 28 28 28 28 28 28	ITEMIZED DISBURSEMENTS		(check only	one)] 24		
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 PEU) Pacific Coast Producers Political Action Committee Federal Full Name (Last, First, Middle Initial) A. Pacific Coast Producers PAC Mailing Address 631 N. Cluff City State Zip Code CA 95240 Purpose of Disbursement Non Federal Contribution Candidate Name Prissident Disbursement Prissident State: Disbursement Candidate Name Office Sought: House President State: Disbursement Candidate Name Office Sought: House President State: Disbursement Candidate Name Category/ Type Office Sought: House President State: Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House President State: Disbursement Candidate Name Category/ Type Office Sought: House President Candidate Name Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Amount of Each Disbursement this Perio Category/ Type Other (specify) Amount of Each Disbursement this Perio Category/ Type Other (specify) Amount of Each Disbursement this Perio Category/ Type Office Sought: House President Candidate Name Candid							
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) Pacific Coast Producers Political Action Committee Federal Full Name (Last, First, Middle Initial) A. Pacific Coast Producers PAC Mailing Address City State Zip Code Lodi CA 95240 Purpose of Disbursement Non Federal Contribution Candidate Name Pacific Coast Pr PAC Office Sought: House Primary General Office Sought: House President State: District Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Chaptry General Office Sought: House Primary General Office Sought: House Primary General Office Sought: Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Category/ Type	Any information copied from such Reports and Statem	I nents mav not be sold or use	d by any perso	on for the purpose of s			
Pacific Coast Producers Political Action Committee Federal Full Name (Last, First, Middle Initial) A. Pacific Coast Producers PAC Mailing Address City State Zip Code CA 95240 Purpose of Disbursement Non Federal Contribution Candidate Name Category/ Type Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Perio Category/ Type Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Candidate Name Category/ Office Sought: House President Presiden							
Full Name (Last, First, Middle Initial) A Pacific Coast Producers PAC Mailing Address 631 N. Cluff City State Zip Code CA 95240 Purpose of Disbursement Non Federal Contribution Candidate Name Pacific Coast Pr PAC Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Perio Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement this Perio Category/ Type Office Sought: House President State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Date of Disbursement this Perio Category/ Type Office Sought: House Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼	, ,						
A Pacific Coast Producers PAC Mailing Address 631 N. Cluff City	Pacific Coast Producers Political A	ction Committee Fed	leral				
Mailing Address 631 N. Cluff City City City Code Cod God God God God God God God God God G	• • • • • • • • • • • • • • • • • • • •						
Mailing Address 631 N. Cluff City State Zip Code CA 95240 Purpose of Disbursement Non Federal Contribution Candidate Name Pacific Coast Pr PAC Office Sought:	A. Pacific Coast Producers PAC						
Lod:	Mailing Address 631 N. Cluff						
Date of Disbursement this Perio Category President President Primary General	City			Transaction ID · F	YPR635		
Non Federal Contribution Candidate Name Pacific Coast Pr PAC Office Sought: House Primary General Primary General Primary General City State Disbursement For: Candidate Name Category/ Type Date of Disbursement this Perio Category/ Type Office Sought: House Primary General Primary General City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Primary General Contribution Amount of Each Disbursement this Perio Category/ Type Office Sought: House Primary General Primary General Primary General Cother (specify) ▼ State: District: Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate Primary General President Cother (specify) ▼ State: District: District		CA 95240		Transaction ib . L	AI B033		
Pacific Coast Pr PAC Office Sought: House	•			Amount of Each Dis	sbursement this Period		
Office Sought:					999.00		
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: General Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: General Other (specify) ▼		nont For:	Туре		000.00		
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: Qeneral Primary General Other (specify) ▼ Date of Disbursement this Perio Category/ Type Date of Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: House Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Primary Genera							
B. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Date of Disbursement Amount of Each Disbursement this Perio Category/ Type Date of Disbursement this Perio Category/ Type Office Sought: House Senate President Primary General Other (specify) Office Sought: House Senate President Other (specify) State: District:							
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Prisite: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement For: Category/ Type City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary General Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Primary General President Other (specify) ▼	State: District:						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼							
City State Zip Code Purpose of Disbursement Candidate Name Category/ Tiype Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Tiype Date of Disbursement Category/ Type Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Primary General Other (specify) ▼	3.						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Category/ Type	Mailing Address			M M / D D	/ Y Y Y Y		
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