

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2018 OCT 12 AM 11:40

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) 4166 BURGUNDY WAY
P.O. BOX 3263
Check if different than previously reported. (ACC) NAPA CA 94558 - 2501

2. **FEC IDENTIFICATION NUMBER ▼** C00455659 **CITY ▲** **STATE ▲** **ZIP CODE ▲**
3. IS THIS REPORT **NEW (N) OR AMENDED (A)**
1 **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 NOV 06 2018 in the State of CA

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

5. Covering Period 07-01 2018 through 09-30 2018

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 10 08 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

FEC FORM 3X
Rev. 12/2004

**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: **07** / **01** / **2018** To: **09** / **30** / **2018**

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2018 | | 28,599.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 28,599.00 | |
| (c) Total Receipts (from Line 19)..... | 47,400.00 | 47,400.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 75,999.00 | 75,999.00 |
| 7. Total Disbursements (from Line 31)..... | 28,522.00 | 28,522.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 47,477.00 | 47,477.00 |
| 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:

07 / 01 / 2018

To:

09 / 30 / 2018

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).....

1,450.00

1,450.00

(ii) Unitemized.....

3,290.00

3,290.00

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

4,740.00

4,740.00

(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).....▶

4,740.00

4,740.00

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.)

0

0

(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)).....▶

4,740.00

4,740.00

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

4,740.00

4,740.00

NON-FEDERAL CONTRIBUTIONS

DETAILED SUMMARY PAGE
of Disbursements

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 | 2333.00 | 2833 |
| (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)) | 2333.00 | 2833.00 |
| 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 (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 | 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 (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 2333.00 | 2833.00 |
| (ii) "Levin" Share | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 2333.00 | 2833.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 2333.00 | 2833.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 2333.00 | 2833.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 2333.00 | 2833.00 |

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) | 4740.00 | 4740.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4740.00 | 4740.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2333.00 | 2333.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2333.00 | 2333.00 |

NO. 10-11-01-00000000

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

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) GENTRY, DORIS (NMI) | | Date of Receipt 08 ' 13 ' 2018 |
| Mailing Address 1520 BANCROFT WAY | | Amount of Each Receipt this Period 400.00 160 - SEP 24, 2018 |
| City NAPA | State CA | |
| Zip Code 94558 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CITY OF NAPA | Occupation COUNCIL MAN | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.00 | |

| | | |
|--|---|---|
| B. Full Name (Last, First, Middle Initial) HARRELL, BILLY R | | Date of Receipt 09 ' 20 ' 2018 |
| Mailing Address 2238 CLAY STREET | | Amount of Each Receipt this Period 240.00 |
| City NAPA | State CA | |
| Zip Code 94558 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer NONE | Occupation RETIRED | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|--|---|---|
| C. Full Name (Last, First, Middle Initial) SANTAMARIA, CARLOS (NMI) | | Date of Receipt 09 ' 20 ' 2018 |
| Mailing Address 3200 S'OSCOL AVE | | Amount of Each Receipt this Period 200.00 |
| City NAPA | State CA | |
| Zip Code 94559 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CEES CONSULTANTS | Occupation ENGINEER | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1,000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

20180910 10:00 AM

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

cy

| | | |
|---|------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 12 |
| | <input type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 |
| | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |
| | <input type="checkbox"/> 17 | |

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) A. HANGMAN KEVIN (NMI) | | Date of Receipt 09-20-2018 |
| Mailing Address 1148 STATE LANE | | Amount of Each Receipt this Period 125 |
| City YOUNTVILLE | State Zip Code CA 94559 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer RETIRED | Occupation NONE | |
| Receipt For: Primary <input checked="" type="checkbox"/> General Other (specify) <input type="checkbox"/> | Aggregate Year-to-Date <input type="checkbox"/> 250 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. GREEN LARRY L | | Date of Receipt 09-20-2018 |
| Mailing Address 7 AMANDA COURT | | Amount of Each Receipt this Period 200 |
| City NAPA | State Zip Code CA 94559 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer STANFORD UNIVERSITY | Occupation FINANCE OFFICER | |
| Receipt For: Primary <input checked="" type="checkbox"/> General Other (specify) <input type="checkbox"/> | Aggregate Year-to-Date <input type="checkbox"/> 200 | |

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

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 450 |
| TOTAL This Period (last page this line number only)..... ALL PAGES | 1450 |

UNIVERSITY MICROFILMS INTERNATIONAL

**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 8 OF 12 | | | | | | | | |
| | <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

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)
BIG LIE LLC

Mailing Address
4655 CASS STREET # 304

City **SAN DIEGO** State **CA** Zip Code **92109**

Purpose of Disbursement
RENT FOR FILM DESTRUCTION OF AMERICA

Candidate Name
[] Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
08/02/2018

Amount of Each Disbursement this Period
1,350.00

B.

Full Name (Last, First, Middle Initial)
CALLAN ALMA (NMI)

Mailing Address
860-5 NAPA VALLEY CORPORATE WAY

City **NAPA** State **CA** Zip Code **94559**

Purpose of Disbursement
HEADQUARTERS RENT

Candidate Name
[] Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
09/27/2018

Amount of Each Disbursement this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
GREEN, LARRY L

Mailing Address
7 AMANDA COURT

City **NAPA** State **CA** Zip Code **94559**

Purpose of Disbursement
REIMBURSEMENT FOR GOTV CALL SYSTEM

Candidate Name
[] Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
09/27/2018

Amount of Each Disbursement this Period
331.00

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

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

2,181.00

20180912 10:01 AM

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE **9** OF **12**
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:
 M M D D Y Y Y Y M M D D Y Y Y Y % (apr) Yes 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: |

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.

2010-10-10 10:10:10 AM

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

Supplementary for
 Information found on
 Page 2 of Schedule C

Federal Election Commission, Washington, D.C. 20463

| | | | |
|--|----------------|---|---------------------|
| NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMM. | | FEC IDENTIFICATION NUMBER C 004 55659 | |
| 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: | | 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 | | Title | DATE |

CONTINUED ON REVERSE

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

(Use separate schedule(s) for each numbered line)
 PAGE 10 OF 12
 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

NONE

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) ▶

2010-10-10 10:00 AM

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

| | |
|--|--|
| NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE | FEC IDENTIFICATION NUMBER C 00455659 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

| | |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee | Date MM / DD / YYYY |
| Mailing Address | Amount |
| 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee | Date MM / DD / YYYY |
| Mailing Address | Amount |
| 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: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | |
|---|-----|
| (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 MM / DD / YYYY

DUPLICATE INDEPENDENT EXPENDITURE

NONE

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**

PAGE 12 OF 12
FOR LINE 25 OF FORM 3X

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

| | |
|--|----------------------------|
| NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE | Check if 24-hour notice |
|--|----------------------------|

| | |
|--|------------------------------------|
| 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 | Purpose of Expenditure | Category/Type |
| Mailing Address | Date | |
| City State Zip Code | | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: |
| Aggregate General Election Expenditure for this Candidate ▶ | Amount | |
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | Category/Type |
| Mailing Address | Date | |
| City State Zip Code | | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: |
| Aggregate General Election Expenditure for this Candidate ▶ | Amount | |
| Full Name (Last, First, Middle Initial) of Each Payee | Purpose of Expenditure | Category/Type |
| Mailing Address | Date | |
| City State Zip Code | | |
| Name of Federal Candidate Supported | Office Sought: House Senate Presidential | State: District: |
| Aggregate General Election Expenditure for this Candidate ▶ | Amount | |

None

| | |
|---|--|
| SUBTOTAL of Expenditures This Page (optional).....▶ | |
| TOTAL This Period (last page this line number only).....▶ | |

REPRODUCED FROM THE FEDERAL ELECTION COMMISSION

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)

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

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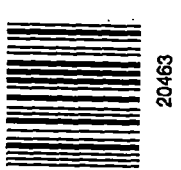
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Federal Election Commission
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