

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUN 29 AM 9:21

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Committee To Elect Tom Palzer US Senate 2016

ADDRESS (number and street) 7259 Corvian Ct Unit 26 Rancho Cucamonga CA 91739 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C00576512 3. IS THIS REPORT NEW OR AMENDED STATE DISTRICT

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

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

5. Covering Period 04/16/2015 through 06/30/2015

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 Thomas Edward Palzer Signature of Treasurer Thomas Edward Palzer Date 07/15/2015

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

201507290200230503

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Report Covering the Period: From: 04 ' 16 ' 2015 To: 06 ' 30 ' 2015

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e)) ..

1,349.51

2,982.75

(b) Total Contribution Refunds
(from Line 20(d)) ..

100.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)) ..

1,249.51

2,982.75

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

1,209.91

2,363.15

(b) Total Offsets to Operating
Expenditures (from Line 14) ..

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)) ..

1,209.91

2,363.15

241.00

8. Cash on Hand at Close of
Reporting Period (from Line 27) ..

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

For further information contact:

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

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

201507290200230504

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Report Covering the Period: From: MM ' DD ' YYYY 04 ' 16 ' 2015 To: MM ' DD ' YYYY 06 ' 30 ' 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A)...

4,000.00

8,000.00

(ii) Unitemized

0

0

(iii) TOTAL of contributions from individuals

0

0

(b) Political Party Committees...

0

0

(c) Other Political Committees (such as PACs)...

0

0

(d) The Candidate

7,504.11

8,000.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(ii), (b), (c), and (d))..

11,504.11

19,504.11

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0

0

(b) All Other Loans...

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b))...

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..

0

0

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

11,504.11

19,504.11

201507290200230505

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	120,991	236,315
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	1,000.00	1,000.00
(b) Political Party Committees...	0	0
(c) Other Political Committees (such as PACs) ..	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	1,000.00	1,000.00
21. OTHER DISBURSEMENTS ..	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	120,991	226,315

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	3,000.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	115,091
25. SUBTOTAL (add Line 23 and Line 24)...	118,091
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	120,991
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	24,100

201507290200230506

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

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

FOR LINE NUMBER: PAGE **1** OF **4**
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)
A. Frey, Richard, J.

Mailing Address
5917 Darline Dr.

City **Saint Anne** State **IL** Zip Code **60964-4380**

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

Name of Employer **N.A.** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 6 8 3 2 4

Date of Receipt
04 / 18 / 2015

Amount of Each Receipt this Period
5 0 0 0

Full Name (Last, First, Middle Initial)
B. Karlock, Merlin

Mailing Address
P.O. Box 146

City **Bourbonnais** State **IL** Zip Code **60914**

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

Name of Employer **Municipal Bank of Bourbonnais** Occupation **President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 8 8 3 2 4

Date of Receipt
04 / 18 / 2015

Amount of Each Receipt this Period
2 0 0 0 0

Full Name (Last, First, Middle Initial)
C. Palzer, Thomas, E. & Wenli

Mailing Address
7259 Corvian Ct., Unit 26

City **Rancho Cucamonga** State **CA** Zip Code **91739**

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

Name of Employer **N.A.** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 9 0 2 6 4

Date of Receipt
04 / 19 / 2015

Amount of Each Receipt this Period
1 9 4 0

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2 6 9 4 0

1 9 0 2 6 4

201507290200230507

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)
A. Anthony, Thomas

Mailing Address
977 S. Evergreen Ave.

City **Kankakee** State **IL** Zip Code **60901**

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

Name of Employer **N.A.** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1 9 5 2 6 4

Date of Receipt
05 / 04 / 2015

Amount of Each Receipt this Period
5 0 0 0

Full Name (Last, First, Middle Initial)
B. Snyder, Mary Jo

Mailing Address
1475 W. Hawkins Rd.

City **Kankakee** State **IL** Zip Code **60901**

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

Name of Employer **Echo Consulting LLC** Occupation **President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2 1 5 2 6 4

Date of Receipt
05 / 07 / 2015

Amount of Each Receipt this Period
2 0 0 0 0

Full Name (Last, First, Middle Initial)
C. Palzer, Thomas, E. & Wenli

Mailing Address
7259 Corvian Ct., Unit 26

City **Rancho Cucamonga** State **CA** Zip Code **91739**

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

Name of Employer **N.A.** Occupation **Candidate for U.S. Senate 2016**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2 2 5 2 6 4

Date of Receipt
05 / 16 / 2015

Amount of Each Receipt this Period
1 0 0 0 0

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

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

3 5 0 0 0

2 2 5 2 6 4

201507290200230508

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

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

FOR LINE NUMBER:
(check only one)

PAGE **3** OF 4

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)

A. Palzer, Thomas E. & Wenl

Mailing Address

7259 Corvian Ct., Unit 26

City
Rancho Cucamonga

State Zip Code
CA 91739

FEC ID number of contributing federal political committee.

C

Name of Employer
N.A.

Occupation
Candidate for U.S. Senate 2016

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

2 3 5 2 6 4

Date of Receipt

05 / 26 / 2015

Amount of Each Receipt this Period

1 0 0 0 0

Full Name (Last, First, Middle Initial)

B. Palzer, Thomas E. & Wenl

Mailing Address

7259 Corvian Ct., Unit 26

City
Rancho Cucamonga

State Zip Code
CA 91739

FEC ID number of contributing federal political committee.

C

Name of Employer
N.A.

Occupation
Candidate for U.S. Senate 2016

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

2 3 6 7 7 5

Date of Receipt

05 / 26 / 2015

Amount of Each Receipt this Period

1 5 1 1

Full Name (Last, First, Middle Initial)

C. Palzer, Thomas, E. & Wenli

Mailing Address

7259 Corvian Ct., Unit 26

City
Rancho Cucamonga

State Zip Code
CA 91739

FEC ID number of contributing federal political committee.

C

Name of Employer
N.A.

Occupation
Candidate for U.S. Senate 2016

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

2 7 4 2 7 5

Date of Receipt

05 / 26 / 2015

Amount of Each Receipt this Period

3 7 5 0 0

SUBTOTAL of Receipts This Page (optional)

4 9 0 1 1

TOTAL This Period (last page this line number only)

2 7 4 2 7 5

201507290200230509

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 4 OF 4	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. Palzer, Thomas E. & Wenl			Date of Receipt MM / DD / YYYY 06 / 02 / 2015	
Mailing Address 7259 Corvian Ct., Unit 26			Amount of Each Receipt this Period 1900	
City Rancho Cucamonga	State CA	Zip Code 91739		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1900	
Name of Employer N.A.		Occupation Candidate for U.S. Senate 2016		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 276675		

Full Name (Last, First, Middle Initial) B. Palzer, Thomas E. & Wenl			Date of Receipt MM / DD / YYYY 06 / 06 / 2015	
Mailing Address 7259 Corvian Ct., Unit 26			Amount of Each Receipt this Period 2100	
City Rancho Cucamonga	State CA	Zip Code 91739		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2100	
Name of Employer N.A.		Occupation Candidate for U.S. Senate 2016		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 278275		

Full Name (Last, First, Middle Initial) C. Palzer, Thomas, E. & Wenli			Date of Receipt MM / DD / YYYY 06 / 08 / 2015	
Mailing Address 7259 Corvian Ct., Unit 26			Amount of Each Receipt this Period 20000	
City Rancho Cucamonga	State CA	Zip Code 91739		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20000	
Name of Employer N.A.		Occupation Candidate for U.S. Senate 2016		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 298275		

SUBTOTAL of Receipts This Page (optional).....	24000
TOTAL This Period (last page this line number only).....	298275

201507290200230510

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address
921 N Milliken Ave

City: Ontario State: CA Zip Code: 91761

Purpose of Disbursement
Supplies: 5-Line Return Address Stamp

0 0 1

Candidate Name
Tom Palzer

Category/
Type

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

State: CA District:

Date of Disbursement

04 / 15 / 2015

Amount of Each Disbursement this Period

1 4 9

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address
10590 Arrow Route

City: Rancho Cucamonga State: CA Zip Code: 91729

Purpose of Disbursement
Postage

0 0 1

Candidate Name
Tom Palzer

Category/
Type

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

State: CA District:

Date of Disbursement

04 / 19 / 2015

Amount of Each Disbursement this Period

1 9 4 0

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address
10590 Arrow Route

City: Rancho Cucamonga State: CA Zip Code: 91729

Purpose of Disbursement
Postage

0 0 1

Candidate Name
Tom Palzer

Category/
Type

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

State: CA District:

Date of Disbursement

04 / 19 / 2015

Amount of Each Disbursement this Period

1 9 6 0

SUBTOTAL of Disbursements This Page (optional)

4 0 4 9

TOTAL This Period (last page this line number only)

1 3 7 3 7 3

201507290200230511

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 12

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address
921 N Milliken Ave

City: Ontario State: CA Zip Code: 91761

Purpose of Disbursement
Supplies: Paper

Candidate Name
Tom Palzer

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: CA District:

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2015

Amount of Each Disbursement this Period

518

001

Category/
Type

B. San Biagio

Mailing Address
1263 W 7th St

City: Upland State: CA Zip Code: 91786

Purpose of Disbursement
Meal

Candidate Name
Tom Palzer

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: CA District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2015

Amount of Each Disbursement this Period

3127

002

Category/
Type

C. PDFfiller

Mailing Address
167 Corey Rd, Suite 206

City: Brighton State: MA Zip Code: 02135

Purpose of Disbursement
Postage

Candidate Name
Tom Palzer

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: CA District:

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Amount of Each Disbursement this Period

11999

001

Category/
Type

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

15644

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

153017

201507290200230512

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address
10590 Arrow Route

City Rancho Cucamonga State CA Zip Code 91729

Purpose of Disbursement
Logo Shirt 0 0 1 Category/Type

Candidate Name
Tom Palzer

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: CA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
0 5 / 0 1 / 2 0 1 5

Amount of Each Disbursement this Period

2 0 5 1

B. USPS

Mailing Address
10590 Arrow Route

City Rancho Cucamonga State CA Zip Code 91729

Purpose of Disbursement
Postage 0 0 1 Category/Type

Candidate Name
Tom Palzer

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: CA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
0 5 / 0 5 / 2 0 1 5

Amount of Each Disbursement this Period

5 0 0 0

C. USPS

Mailing Address
10590 Arrow Route

City Rancho Cucamonga State CA Zip Code 91729

Purpose of Disbursement
Postage 0 0 1 Category/Type

Candidate Name
Tom Palzer

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: CA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
0 5 / 0 7 / 2 0 1 5

Amount of Each Disbursement this Period

5 0 0 0

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

1 2 0 5 1

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

1 6 5 0 6 8

201507290200230513

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 12			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. J.C. Penney			Date of Disbursement MM / DD / YYYY 05 / 05 / 2015		
Mailing Address 12399 S. Mainstreet, Victoria Gardens			Amount of Each Disbursement this Period 1 4 0 3		
City Rancho Cucamonga	State CA	Zip Code 91739	Category/Type 0 0 6		
Purpose of Disbursement Logo Shirt			Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: CA District:		

Full Name (Last, First, Middle Initial) B. Engrave 'N Embroider Things			Date of Disbursement MM / DD / YYYY 05 / 07 / 2015		
Mailing Address 8188 Rochester			Amount of Each Disbursement this Period 1 5 1 1		
City Rancho Cucamonga	State CA	Zip Code 91730	Category/Type 0 0 6		
Purpose of Disbursement Name Badge			Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: CA District:		

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement MM / DD / YYYY 05 / 07 / 2015		
Mailing Address 10590 Arrow Route			Amount of Each Disbursement this Period 1 7 3 6		
City Rancho Cucamonga	State CA	Zip Code 91729	Category/Type 0 0 1		
Purpose of Disbursement Postage			Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: CA District:		

SUBTOTAL of Disbursements This Page (optional).....	4 6 5 0
TOTAL This Period (last page this line number only).....	1 6 9 7 1 8

201507290200230514

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. Tio's Restaurant		Date of Disbursement MM / DD / YYYY 05 / 13 / 2015
Mailing Address 16943 Sierra Lakes Pkwy		Amount of Each Disbursement this Period 5 0 0 0
City Fontana	State CA	
Purpose of Disbursement Travel to Supervisor Rutherford's Breakfast Meeting		Category/ Type 0 0 2
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District:		

Full Name (Last, First, Middle Initial) B. Engrave 'N Embroider Things		Date of Disbursement MM / DD / YYYY 05 / 20 / 2015
Mailing Address 8188 Rochester Ave		Amount of Each Disbursement this Period 1 5 1 1
City Rancho Cucamonga	State CA	
Purpose of Disbursement Name Badge		Category/ Type 0 0 6
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District:		

Full Name (Last, First, Middle Initial) C. America's Tire		Date of Disbursement MM / DD / YYYY 05 / 28 / 2015
Mailing Address 11951 E Foothill Blvd		Amount of Each Disbursement this Period 1 0 0 0 0
City Rancho Cucamonga	State CA	
Purpose of Disbursement Tire Replacement		Category/ Type 0 0 2
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District:		

SUBTOTAL of Disbursements This Page (optional).....	1 6 5 1 1
TOTAL This Period (last page this line number only).....	1 8 6 2 2 9

201507290200230515

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. Republican Jewish Coalition (RJC)		Date of Disbursement MM / DD / YYYY 06 / 02 / 2015
Mailing Address 11845 W Olympic Blvd		Amount of Each Disbursement this Period 3 7 5 0 0
City Los Angeles	State CA	
Purpose of Disbursement RJC Summer Gala Event		Category/ Type 0 0 7
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District:		

Full Name (Last, First, Middle Initial) B. Vista Print		Date of Disbursement MM / DD / YYYY 06 / 03 / 2015
Mailing Address 447 Advance Blvd		Amount of Each Disbursement this Period 2 1 5 8
City Windsor, ON, N8N 5G8 Canada	State	
Purpose of Disbursement Business Cards		Category/ Type 0 0 6
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District:		

Full Name (Last, First, Middle Initial) C. Staples		Date of Disbursement MM / DD / YYYY 06 / 02 / 2015
Mailing Address 921 N Milliken Ave		Amount of Each Disbursement this Period 2 4 6 9
City Rancho Cucamonga	State CA	
Purpose of Disbursement Copies Run for Formal Announcement of Candidacy		Category/ Type 0 0 7
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District:		

SUBTOTAL of Disbursements This Page (optional).....	4 2 1 2 7
TOTAL This Period (last page this line number only).....	2 1 6 7 2 7

201507290200230517

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

<p>A. Sam's</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 951 N Milliken Ave</p> <p>City Ontario State CA Zip Code 91764</p> <p>Purpose of Disbursement Catering for 06.06.2015 Fundraiser</p> <p>Candidate Name Tom Palzer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: CA District:</p>	<p>Date of Disbursement 06 / 06 / 2015</p> <p>Amount of Each Disbursement this Period 2764</p> <p>Category/Type 007</p>
<p>B. Hilton Beverly Hills Hotel</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 9876 Wilshire Blvd</p> <p>City Beverly Hills State CA Zip Code 90210</p> <p>Purpose of Disbursement Valet Parking for JRC Event</p> <p>Candidate Name Tom Palzer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: CA District:</p>	<p>Date of Disbursement 06 / 07 / 2015</p> <p>Amount of Each Disbursement this Period 2100</p> <p>Category/Type 004</p>
<p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 921 N Milliken Ave</p> <p>City Rancho Cucamonga State CA Zip Code 91730</p> <p>Purpose of Disbursement Envelopes</p> <p>Candidate Name Tom Palzer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: CA District:</p>	<p>Date of Disbursement 06 / 08 / 2015</p> <p>Amount of Each Disbursement this Period 1200</p> <p>Category/Type 001</p>
<p>SUBTOTAL of Disbursements This Page (optional).....</p>	
<p>TOTAL This Period (last page this line number only).....</p>	
<p>6064</p> <p>222791</p>	

201507290200230518

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 11950 Arrow Route		Amount of Each Disbursement this Period 980
City Rancho Cucamonga	State CA	
Purpose of Disbursement Postage		Category/ Type 001
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 921 N Milliken Ave		Amount of Each Disbursement this Period 701
City Ontario	State CA	
Purpose of Disbursement Copy Paper		Category/ Type 001
Candidate Name Tom Palzer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District:	

Full Name (Last, First, Middle Initial) C. Staples		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 921 N Milliken Ave		Amount of Each Disbursement this Period 1511
City Ontario	State CA	
Purpose of Disbursement Stationary		Category/ Type 001
Candidate Name Tom Palzer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District:	

SUBTOTAL of Disbursements This Page (optional).....	3192
TOTAL This Period (last page this line number only).....	225983

201507290200230519

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12			
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. Sam's		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 951 N Milliken Ave		Amount of Each Disbursement this Period 2003
City Ontario	State CA	
Purpose of Disbursement Transportation - Fuel		Category/ Type 002
Candidate Name Tom Palzer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District:	

Full Name (Last, First, Middle Initial) B. Caddie for a Cure		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 2067 NW 104th St		Amount of Each Disbursement this Period 1000
City Coral Springs	State FL	
Purpose of Disbursement Charitable Donation		Category/ Type 012
Candidate Name Tom Palzer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 10950 Arrow Route		Amount of Each Disbursement this Period 1599
City Rancho Cucamonga	State CA	
Purpose of Disbursement Postage		Category/ Type 001
Candidate Name Tom Palzer		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA	District:	

SUBTOTAL of Disbursements This Page (optional)	4602
TOTAL This Period (last page this line number only)	230585

201507290200230520

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 12			
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement 06 / 15 / 2015
Mailing Address 19510 Jamboree Rd #300		Amount of Each Disbursement this Period 2551
City Irvine	State CA	
Zip Code 92612	Purpose of Disbursement Google Program	Category/ Type 001
Candidate Name Tom Palzer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA	District:

Full Name (Last, First, Middle Initial) B. Republican National Committee		Date of Disbursement 06 / 22 / 2015
Mailing Address 210 First St SE		Amount of Each Disbursement this Period 2000
City Washington, D.C.	State CA	
Zip Code 20003	Purpose of Disbursement Donation	Category/ Type 011
Candidate Name Tom Palzer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA	District:

Full Name (Last, First, Middle Initial) C. Office Depot		Date of Disbursement 06 / 25 / 2015
Mailing Address 11070 E Foothill Blvd		Amount of Each Disbursement this Period 1079
City Rancho Cucamonga	State CA	
Zip Code 91730	Purpose of Disbursement Pens, Markers	Category/ Type 001
Candidate Name Tom Palzer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA	District:

SUBTOTAL of Disbursements This Page (optional)	5630
TOTAL This Period (last page this line number only)	236215

201507290200230521

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

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

FOR LINE NUMBER:
(check only one)

PAGE **12** OF **12**

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

Full Name (Last, First, Middle Initial)

A. Yahoo

Mailing Address
701 First Ave

City Sunnyvale State CA Zip Code 94089

Purpose of Disbursement
Yahoo Program

Candidate Name
Tom Palzer

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: CA District:

Date of Disbursement

06 / 26 / 2015

Amount of Each Disbursement this Period

100

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

100

236315

201507290200230522

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

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016		FEC IDENTIFICATION NUMBER C00576512	
LENDING INSTITUTION (LENDER) Full Name N.A.		Amount of Loan <input type="text"/>	Interest Rate (APR) <input type="text"/> %
Mailing Address		Date Incurred or Established <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code	Date Due <input type="text"/> / <input type="text"/> / <input type="text"/>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred <input type="text"/> / <input type="text"/> / <input type="text"/>	
B. If line of credit, Amount of this Draw: <input type="text"/>		Total Outstanding Balance: <input type="text"/>	
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? <input type="text"/>	
		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? <input type="text"/>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).		Location of account: _____	
Date account established: <input type="text"/> / <input type="text"/> / <input type="text"/>		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 Thomas E. Palzer Signature Thomas E. Palzer		DATE <input type="text"/> / <input type="text"/> / <input type="text"/>	
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 <input type="text"/> / <input type="text"/> / <input type="text"/>	
Title _____			

201507290200230523

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
N.A.	
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

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

201507290200230524

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016		Report Covering Period: From: 04 / 16 / 2015		To: 06 / 30 / 2015	
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016 Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A				400.00	0
B Column Total Last Page Only.....					
(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	750.41	1150.41	0	0
B					
(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	1150.41	1209.91	0
B					
(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	100.00	0	0
B					
(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	100.00	0	1109.91	300.00	24.00
B					
(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	1249.51	1209.91		
B					

201507290200230525

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
COMMITTEE TO ELECT TOM PALZER U.S. SENATE 2016

LOAN SOURCE Full Name (Last, First, Middle Initial)

N.A.
Mailing Address

Election:
 Primary
 General
 Other (specify) ▼

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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)...

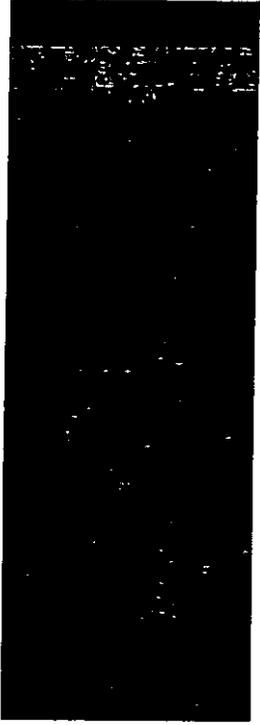
TOTALS This Period (last page in this line only)..

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

201507290200230526

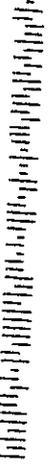
201507290200230527

Committee To Elect Tom Palzer
U.S. Senate 2016
7259 Corvian Ct., Unit 26
Rancho Cucamonga, CA
91739



Federal Election Commission
999 E Street NW
Washington, D.C 20463

RECEIVED
EC!
2015 JUL 28 AM 9:21



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

7-29-15

7-21-15

USPS FIRST CLASS MAIL _____

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

7-29-15

Date of Receipt

POSTMARK ILLEGIBLE

POSTMARK

FAX _____

Date of Receipt

7-21-15

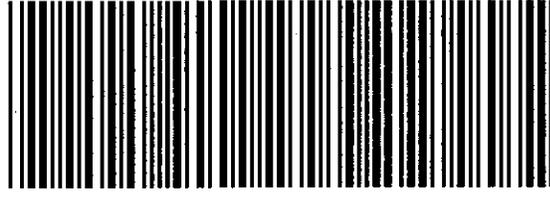
OTHER _____

Date of Receipt or Postmark

PREPARER **DH**

DATE PREPARED **7-29-15**

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