

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015.0CT -8 AM II: 37

Office Use Only

1.	NAME OF		
	COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type

DRE	SS (n	umber and street)	F.	2 D. T	60X 326						
,	thar	eck if different n previously orted. (ACC)	N	APA			· · · · ·			9455	8-12501
FE	C ID	ENTIFICATION NUI	MBEI	R♥	CITÝ ▲				STATE A	ZIF	CODE A
C	0	0455654	7		3. IS THIS REPORT	/	NEW (N)	OR	AME (A)	ENDED	
	/PE	OF REPORT One)	(b)	Monthly Report Due On:	Feb 20 (M2)		May 2	, ,	•	O (M8)	Nov 20 (M11 (Non-Election Year Ordy)
(a)	Qua	arterly Reports:	:		Mar 20 (M3))	Jun 20) (M6)	Sep 2	O (M9)	Dec 20 (M12 (Non-Election Year Only)
		April 15	:		Apr 20 (M4)		Jul 20	(M7)	Oct 2	0 (M10)	Jan 31 (YE)
		Quarterly Report (Q1 July 15 Quarterly Report (Q2			Election	Primary (·		General (1	·	Runoff (12R)
	/	October 15 Quarterly Report (Q	1	Repo	rt for the:	Convention	on (12C)		Special (1	2S)	
		January 31 Year-End Report (YE			Election on	M M			Y Y Y 7		the tate of
		July 31 Mid-Year Report (Non-election Year Only) (MY)			T-Election	General	(30G)		Runoff (30	OR)	Special (30S
٠	e.	Termination Report (TER)		Repo	nt for the: Election on	n A	5	D	, , v v		the tate of
Co	overin	g Period JUĽŽ	,	1,201	ŚŸŸ	throug	_{ph} SE	PI	MBER	30, 2	DIS
		I have examined thit Name of Treasurer		port and to		-		it is t	rue, correct and	complete.	
		Treasurer A		nÖ .	Bledin	م			Data ACTO	m <i>ia</i>	2 2019

SOLID - TO - Ox - OX - OOS SUBLEMENTS

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NIADA

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		3.003.00
	(b) Cash on Hand at Beginning of Reporting Period	3003.DO	
	(c) Total Receipts (from Line 19)	65.7.00	6.5.7.0C
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	366.0.0.0	3.660.00
7.	Total Disbursements (from Line 31)	7.1.0.0.0	construction of the section of the s
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27.50.00	grant segment specific segment
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	6.4.2.6.4.2.6.4.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

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

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

FE6AN026

FEC Form 3X (Rev. 06/2004)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

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

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calendar Year-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share(b) Other Federal Operating		D. D. L.
	Expenditures(c) Total Operating Expenditures	910.00	9,1,0.00
	(add 21(a)(i), (a)(ii), and (b)) ▶	91000	91.0.00
22.	Transfers to Affiliated/Other Party Committees	P	0
23.	Contributions to Federal Candidates/Committees and Other Political Committees	P	8
24.	Independent Expenditures		
25.	(use Schedule E)	A A A A A A A A A A A A A A A A A A A	
	(use scriedule / /		The second Transfer of the second
26.	Loan Repayments Made		
27. 28.	Loans MadeRefunds of Contributions To:		2
	(a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)		D
	(d) Total Contribution Refunds		Second Se
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements		$\mathcal{B}_{\mathcal{A}}$
30 .	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share		ð
	(ii) "Levin" Share		$\boldsymbol{\beta}$
	(b) Federal Election Activity Paid Entirely With Federal Funds	910.00	9.10.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	910.00	910.00
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	910.00	91000
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	910,00	In a sub-ord Direct Market Direct Dir

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-COLUMN B **Total This Period** penditures Calendar Year-to-Date 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

45

SCHEDULE B	(FEC	Form	3X)
ITEMIZED DISE	BURSE	MENT	'S

SCHEDULE B (FEC Form 3X)		NE NUMBER: PAGE 7 OF 15
ITEMIZED DISBURSEMENTS	I for each category of the I —	only one)
	Detailed Summary Page	1b 22 23 24 25 26 7 28a 28b 28c 29 30b
Any information copied from such Reports and Stater	<u> </u>	
or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full)		
NAPA COUNTY REPUBLISHED Full Name (Last, First, Middle Initial)	LICAN CENTRAL C	COMMITTEE
Δ.		Date of Disbursement
"_GRILL;RIO; COMP	ADRE'S	
Mailing Address LIN COLN AVE		89 88 2015
	State Zip Code 94552	
Purpose of Disbursement		
FUND RAISING EVENT		Amount of Each Disbursement this Period
Candidate Name	Category	896.00
TOM DEL TSECCARO		
Senate	Primary General	
President	Other (specify) ▼	
State: CP District: Full Name (Last, First, Middle Initial)		
B.		Date of Disbursement
		Mam / DOD / NOTATO
Mailing Address		
City	State Zip Code	
Purpose of Disbursement	Seastandac	-
		Amount of Each Disbursement this Period
Candidate Name	Category Type	
Office Sought: House Disburse	Primary General	
President	Other (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		— M**M / D**O / V**V**
City	State Zip Code	Stranding Control (Control Control Con
Purpose of Disbursement		_ \
, arpodo or biobardement	Annual of the second se	Amount of Each Disbursement this Period
Candidate Name	Category	nefi
Office Sought. House Disburse	ment For:	- Installment out Thereben County and the County of
Senate	Primary General	
State: District:	Other (specify) ▼	
		France administration of the professional and the profession of th
SUBTOTAL of Disbursements This Page (optional).		<u> </u>
TOTAL This Period (last page this line number only	1	996.00
, C,712 1110 1 51100 (100) page this internation only	<i>,</i>	From the other of the what when the form the control the control of

	·	
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 15 (check only one)
Any information copied from such Reports and Stator for commercial purposes, other than using the n		son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,	
NAPA COUNTY REPL	JELICAN CENTRAL CL	DMMITTEE
Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Receipt
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	\	Date of Resaint
Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		Another Death Receipt this Period
Name of Employer	Occupation	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		
CMailing Address		Date of Receipt
City	State Zip Code	hadred bearing
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		<i>A</i>

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

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE & OF 15

		Detailed Summ	mary Page	FOR LINE 13 (OF FORM 3X
AME OF COMMITTEE (In Full)		·			
NAPA COUNTY RE	PITRI ICALI	מחדונאט	Y MA	MITTER	-
COAN SOURCE Full Name (Last, First, Mid	Idle Initial)	WYY/K/	Ele	ection:	
				Primary	
Mailian				General	
Mailing Address				Other (specify) ▼	
City	State ZIP Cod	de			
Original Amount of Loan	Cumulative Payment To	Date	Balance	Outstanding at Clo	se of This Period
	Sand Donate Cond				
TERMS Date Incurred	Date Due	Int	terest Rate		Secured:
MAN / DAD / AAAAA		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				% (apr)	Yes No
List All Endorsers or Guarantors (N any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
_			<u></u>		
City State	7ID Asia	Amount Guaranteed		National Security of Security	
City State	ZIP Oode	Outstanding:	landing the district of the	ందే.అండికుండ ి సం జరియుంది.	
2. Full Name (Last, First, Middle Initial)	To the second	Name of Emplo	yer		<u> </u>
Mailing Address		Occupation			
Inamily Addless	"	Cocupation			
		Amount		- -	echaelael
City State	ZIP Code	Ouaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	.,,,,	Name of Emplo	yer	<u></u>	
Mailing Address		Occupation	\		
		Amount	port men		nins della directa
City State	ZIP Code	Guaranteed		A A A A A A	
		Cutotanomy.		onderwhood Noveliands	
4. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer \	_	
Mailing Address		Occupation		\	
		<u> </u>			
City State	ZIP Code	Amount Guaranteed	-	ambamarines frankreastr	
Siate State	5000	Outstanding:	Landar !	and and the contraction	
					\
SUBTOTALS This Period This Page (optional)		1	Paragram.	egatenajy a a gamang eni, men	it followskie sit
COSTOTALS THIS remote this raye (optional)			Same to see	Carellondonella Disc Ge negative George	market framework
TOTALS This Period (last page in this line onl	y)	l	> <u> </u>	Em Donald David	<u> </u>
Carry outstanding balance only to LINE 3, Sc	hedule D, for this line. If	no Schedule D,	carry forward	to appropriate li	ne of Summary.

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

Supplementary for

Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463		<u> </u>	age or scriedule C
NAME OF COMMITTEE (In Full)		FEC IDE	NTIFICATION NUMBER
		C 4/	UCECCO
NAPA COUNTY REPUBLICAN C	ENTRAL COMMITT	EE COO	455659
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Fill Name	Email: 200 Same Control Control Control	Accessed 1	Constitute de la consti
	Email non-based V Sambarock and Based Same	lead Dental	<u> </u>
Mailing Adverss			THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY N
indiming Floridos	Date Incurred or Established		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		Service General Serv	
City State Zip Code	Date Due		molematic management and the second
A. Has loan been restructured? No Yes	If yes, date originally incurre		, , , , , , , , , ,
B. If line of credit,	Total	Dennistannet for	December of the Committee of the Committ
malinarilamente materialisme	Outstanding	Commission of the order of the confidence of the	and an advantage of the second and second and second
Amount of this Draw:	Balance:		-5-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
C. Are other parties secondarily liable for the debt incurr	red?		
	ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the	loan: real estate, personal	What is the valu	e of this collateral?
property, goods, negotiable instruments, sertificates of stocks, accounts receivable, cash on deposit, or other	f deposit, chattel papers,	Comment of the Commen	malana lamahata dama lamakan kara
	Similar traditional collaterar?		
No Yes If yes, specify:		Does the lender	have a perfected security
	<u> </u>	interest in it?	No Yes
E. Are any future contributions or future receipts of inter	est income, pledged as	What is the estir	
collateral for the loan? No Yes If yes,	specify:		entherestant character describer to the
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
	Address:		
Date account established:			
	City, State, Zip:		
F. If neither of the types of collateral described above w	as pledged for this loan, on the	amount pledged	does not equal or exceed
the loan amount, state the basis upon which this loan			
			•
G. COMMITTEE TREASURER	 	DATE	
Typed Name		PART F	0 7 0 7 / Y 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Signature			
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION:			\
 To the best of this institution's knowledge, the t are accurate as stated above. 	erms of the loan and other infor	mation regarding t	he extension of the loan
II. The loan was made on terms and conditions (ii		avorable at the tim	e than those imposed for
similar extensions of credit to other borrowers of	of comparable credit worthiness.		
III. This institution is aware of the requirement that complied with the requirements set forth at 11 (a loan must be made on a bas CFR 100.82 and 100.142 in mal	is which assures r king this loan.	epayment, and has
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name	·	FINANTA / P	Such a harder of factor
Signature	itle		
1			

SCHEDULE D (FEC Form 3X)

E

(Use separate

PAGE 10 OF 15

EBTS AND OBLIGATIONS xcluding Loans	for each (check only one) 9
NAME OF COMMITTEE (In Full)	numbered line) 10
·	COMMITTEE
NAPA COUNTY REPUBLICAN CENTRAL A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City Ctate 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)	
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	e only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE 11 OF 15 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTREY CUMMITTEE Check if 24-hour report 48-hour report New report Amends report filed on	C IDENTIFICATION NUMBER COS 455659
Purpose of Expenditure Category/ Type Office Sought:	House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Date	President Support Oppose for: Primary General (specify)
Mailing Address Amount City State Tip Code	
Purpose of Expenditure Category Type Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	House State: Senate District: President Support Oppose
Calendar rear-10-Date Fer Election	For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.	22
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	peration, consultation, or concert e reporting entity is not a political
Signature	

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

LITICAL PARTY CONMITTEES OR I			
BEHALF OF CANDIDATES FOR FE	EDERAL OFFICE		PAGE 12 OF 15
J.S.C. §441a(d)) (To be used o	nly by Political Committees in the Ger	neral Election)	FOR LINE 25 OF FORM 3X
ME OF COMMITTEE (In Full)			-
NADA COUNTY REPO	VIBLICAN CENTRA	L COM	MITTEE
your committee been designated to make rdinated expenditures by a political party committee	Full Name of Subordinate Committee		
YES NO	·· [
ES, name the designating committee:	Mailing Address		
	City	St	ate ZIP Code
Full Name (Last, First, Middle Initial) of Each Paye		Purpose of Exp	penditure
Ton reality (Last, 1 list, Middle little) of Each Paye		,	Category/
Mailing Address		Data	Type
City Str	ate Zip Code	Date	months of the control
Name of Federal Candidate Supported Office Sc	-	Amount	
	Senate District:	-	
Aggregate General Election		meanfaced and	Samuel Control Describer of Control Control
Evpenditure for this Candidate	Samuel meneral transact I immersitien er med transact i Transaction never d	1	
Full Name (Last, First, Middle Initial) of Each Payer	28	Purpose of Ex	penditure
	/		I maining Same
Mailing Address	\	-	Category/
	K	Date	
	ate Zip Code	WWW.	
Name of Federal Candidate Supported Office So	· - \	Amount	
	Senate District:	_	
Aggregate General Election	Tresidentia i	<u> </u>	landamiland landan disercia
Expenditure for this Candidate			
Full Name (Last, First, Middle Initial) of Each Pay	ee <u> </u>	Purpose of Ex	penditure
			in the second se
Mailing Address			Category/ Type
	·	Date	
City	tate Zip Code	L.M.	
Name of Federal Candidate Supported Office S	ought: House State:	A a a	
	Senate District:	- Amount	torine familiaemekomekomemkomenikerezhone:
	Presidential		I have been been been been been been been be
Aggregate General Election	transmitter same and a second support they are all you confidences.		
Expenditure for this Candidate	Describer our dome (Describer our describer our describer		
		An appropriation of	San e miliano sacion mendi mercinhe e sani fe sue si imenati e mes
UBTOTAL of Expenditures This Page (optional)			1 Soundary of Sandary Sound Soundary
OTAL This Period (last page this line number only)		- Care Marine Care Care	Consideration of the second se
ora mis renod (rast page ans me number only)	,	P. San Armadan d	55 - 21 - A

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)
NAPA COUNTY TREPUBLICAN CENTRAL COMMITTEE
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
SER MAN SERVICE SERVIC
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
We to

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF 15

LLOCATION RATIOS		14 OF 15
AME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·	
NAPA COUNTY BEPUBLICAN CENTRA	L COMMITTE	E
ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATI CTIVITIES APPEARING ON THIS REPORT.	ESUPPORT	
thods of allocation:		
 FUNDRAISING activities are allocated using the "funds received methor expenses must equal the federal proportion of monies raised. 	od" where the federal prop	ortion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accord where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commu- federal and nonfederal candidates, regardless of whether there is a re- are allocated using a time/space method.	derived by federal candid inications or voter drives t	ates from the ac- hat refer to both
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Pondraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT DENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	1 EDELINE 10	handar forming 1
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:	Entered representation and the control of the contr	Zeromo Companio Camerillo, il borni di propini il
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
*	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	0/	0/
CHECK IF THE RATIO IS:	70	L
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
<u>·</u>	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support		0/
CHECK IF THE RATIO IS: .	1%	hadradari hadan
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		\
:	FEDERAL %	NONEEDERAL %
ACTIVITY IS:	The same of the sa	harries from
CHECK IF THE RATIO IS:	%	
New Revised Same as Previously Reported	7 4	<u> </u>

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF /5
/ S OF /5
FOR LINE 18a OF FORM 3X

1

NAME OF COMMITTEE (In Full)				
NAMA COUNTY REPUBLICAN CENTRAL COMMITTEE.				
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED			
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BREAKDOWN OF TRANSFER RECEIVED				
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ii) Generic Voter Drive	mandismaken Alexandra (1 malesmaken 1 malesm			
III) France Ashibita	the state of the s			
lii) Exempt Activities	considerated word Daniel Bound daniel Daniel State and Considerated			
iv) Direct Fundraising (List Activity or Event Identifier)				
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a)	aned .			
b)				
Committee of David Sand Sand David Sand Sand Sand Sand				
c) Total Amount Transferred For Direct Fundraising				
v) Direct Candidate Support (List Activity or Event Identifier)				
a)				
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	Sandandandandandandandandandandandandanda			
c) Total Amount Transferred For Direct Candidate Support				
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vi) Public Communications Referring Only to Party (Made by PAC)				
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TOTAL This Period (Generic Voter Drive)				
TOTAL This Period (Exempt Activities)	The state of the s			
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TOTAL This Period (Direct Fundraising)	Market Commission Comm			
	and the second s			
TOTAL This Period (Direct Candidate Support)	book 20 marker 13 marker 12 marker 1			
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TOTAL This Period (Total Amount Transferred)				
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NCRCC PO BOX 3263 NAPA, CA 94558

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

RESIDENCE NATIONS SERVICE SERV

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
	Date of Receipt
Hand Delivered	
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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No Postmark	. ,
Overnight Delivery Service (Specify):	Shipping Date
Next Business [Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
PREPARER	10/8/19 DATE PREPARED
(3/2015)	