

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Francisco For Congress

ADDRESS (number and street)

2407 Anacapa Street

Check if different than previously reported. (ACC)

Santa Barbara

CA

93105

2. FEC IDENTIFICATION NUMBER ▼

C C00551721

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

24

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)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
05 / 15 / 2014

through

M M / D D / Y Y Y Y
06 / 30 / 2014

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 Chrissie Hastie

Signature of Treasurer Chrissie Hastie

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Francisco For Congress

Report Covering the Period: From: / / To: / /

	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))....	29330.00	156480.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29330.00	156480.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40842.59	194293.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40842.59	194293.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6039.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	76734.60	

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 3 (Revised 12/2003)

Write or Type Committee Name

Francisco For Congress

Report Covering the Period: From: / / To: / /

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).....	25500.00	146950.00
(ii) Unitemized.....	3755.00	9455.00
(iii) TOTAL of contributions from individuals ▶	29255.00	156405.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	75.00	75.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29330.00	156480.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	21852.48	53852.48
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	21852.48	53852.48
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	51182.48	210332.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40842.59	194293.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	10000.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50842.59	204293.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5699.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51182.48
25. SUBTOTAL (add Line 23 and Line 24).....	56881.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50842.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6039.01

**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 5 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial) David Hughes		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 1608 Lasuen Road		Transaction ID : 40530.C761
City Santa Barbara	State CA	
Zip Code 93103		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

B. Full Name (Last, First, Middle Initial) Robertson Short Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 300 Hot Springs Road #20		Transaction ID : 40530.C773
City Santa Barbara	State CA	
Zip Code 93108		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

C. Full Name (Last, First, Middle Initial) Preston Hotchkis		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 125 East Victoria Street #L		Transaction ID : 40530.C752
City Santa Barbara	State CA	
Zip Code 93101		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional).....	1550.00
TOTAL This Period (last page this line number only).....	

**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 6 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Judith Ishkanian

Mailing Address 1480 San Leandro Park Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : 40609.C780

Amount of Each Receipt this Period
50.00

Receipt

B. Full Name (Last, First, Middle Initial)
Susan Herthel

Mailing Address 2559 Santa Barbara Avenue

City Los Olivos State CA Zip Code 93441

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

Name of Employer Self Employed Occupation Veterinarian

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : 40529.C739

Amount of Each Receipt this Period
2200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Donn Tognazzini

Mailing Address PO Box 599

City Los Olivos State CA Zip Code 93441

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : 40522.C736

Amount of Each Receipt this Period
1000.00

Receipt

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

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

3250.00

**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 7 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Marjorie Bailey

Mailing Address 2577 Treasuer Drive

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 31 / 2014

Transaction ID : 40609.C784

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Michael Ferraro

Mailing Address 3231 Campanil Drive

City Santa Barbara State CA Zip Code 93109

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

Name of Employer Self Employed Occupation Property Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : 40617.C795

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Texeira

Mailing Address 2495 Starling Drive

City Pismo Beach State CA Zip Code 93448

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : 40617.C804

Amount of Each Receipt this Period
300.00

Receipt

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

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

900.00

**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 8 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Peter Jordano

Mailing Address 550 South Patterson

City Santa Barbara State CA Zip Code 93111

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

Name of Employer Jordanos Inc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : 40522.C735

Amount of Each Receipt this Period
 Receipt 2500.00

B. Full Name (Last, First, Middle Initial)
Mimi Gunner

Mailing Address 6 Via Del Mar

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : 40522.C737

Amount of Each Receipt this Period
 Receipt 2600.00

C. Full Name (Last, First, Middle Initial)
Nina Davies

Mailing Address 3330 Calle Rosales

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : 40529.C738

Amount of Each Receipt this Period
 Receipt 2600.00

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

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

7700.00

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

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

FOR LINE NUMBER: PAGE 9 OF 40
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Lynn Compton

Mailing Address **PO Box 2211**

City **Nipomo** State **CA** Zip Code **93444**

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

Name of Employer **Valley Farm Supply** Occupation **Owner**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : 40530.C740

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mark Andrew Romasanta

Mailing Address **2711 Samarkand Drive**

City **Santa Barbara** State **CA** Zip Code **93105**

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

Name of Employer **Beach Motel Partners** Occupation **General Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : 40530.C742

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Linda Seals Gatz

Mailing Address **121 Via Del Cielo**

City **Santa Barbara** State **CA** Zip Code **93109**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : 40530.C746

Amount of Each Receipt this Period
500.00

Receipt

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

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

1300.00

**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 10 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Gary Vandeman

Mailing Address 250 Salisbury Avenue

City State Zip Code
Goleta CA 93117

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2014

Transaction ID : 40530.C749

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Patricia Mitchell

Mailing Address 2219 Anacapa Street

City State Zip Code
Santa Barbara CA 93105

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 40530.C750

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Peter Tredick

Mailing Address 761 El Rodeo Road

City State Zip Code
Santa Barbara CA 93110

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : 40530.C762

Amount of Each Receipt this Period
500.00

Receipt

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

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

1250.00

**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 11 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Cecil Kyte

Mailing Address PO Box 30864

City Santa Barbara State CA Zip Code 93130

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

Name of Employer STWA Inc. Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : 40530.C764

Amount of Each Receipt this Period
 Receipt 500.00

B. Full Name (Last, First, Middle Initial)
Jean Gates Hall

Mailing Address 2120 Anacapa Street

City Santa Barbara State CA Zip Code 93105

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : 40530.C765

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Carlene Laird

Mailing Address 4550 Union Road

City Paso Robles State CA Zip Code 93446

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : 40530.C767

Amount of Each Receipt this Period
 Receipt 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 40
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
M. Elizabeth White
 Mailing Address 1312 Crown Way
 City Paso Robles State CA Zip Code 93446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014
Transaction ID : 40530.C769
 Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Arthur Najera
 Mailing Address 1397 Santa Teresita Drive
 City Santa Barbara State CA Zip Code 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dentist
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014
Transaction ID : 40530.C770
 Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Martha Vandeman
 Mailing Address 250 Salisbury Avenue
 City Goleta State CA Zip Code 93117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014
Transaction ID : 40530.C772
 Amount of Each Receipt this Period
 Receipt 500.00

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

1250.00

**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 13 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Paul Sorensen

Mailing Address 4220 Mariposa Drive

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Select Staffing Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : 40530.C774

Amount of Each Receipt this Period
 Receipt 1500.00

B. Full Name (Last, First, Middle Initial)
Carol Wathen

Mailing Address PO Box 1137

City Summerland State CA Zip Code 93067

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : 40530.C775

Amount of Each Receipt this Period
 Receipt 2500.00

C. Full Name (Last, First, Middle Initial)
William Mahan

Mailing Address 1555 Las Canoas Road

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : 40602.C778

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

5000.00

**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 14 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Benita Wilson

Mailing Address 814 Paseo Alicante

City Santa Barbara State CA Zip Code 93103

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : 40609.C787

Amount of Each Receipt this Period
 Receipt 300.00

B. Full Name (Last, First, Middle Initial)
Benita Wilson

Mailing Address 814 Paseo Alicante

City Santa Barbara State CA Zip Code 93103

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : 40609.C782

Amount of Each Receipt this Period
 Receipt 100.00

C. Full Name (Last, First, Middle Initial)
Stephen Wiley

Mailing Address 102 Ontare Hills Lane

City Santa Barbara State CA Zip Code 93105

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : 40609.C786

Amount of Each Receipt this Period
 Receipt 400.00

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

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

800.00

**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 15 OF 40
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Diana OKeefe

Mailing Address 4212 Cresta Avenue

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : 40617.C800

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dale Gomer

Mailing Address 2951 Wallace Drive

City Paso Robles State CA Zip Code 93446

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

Name of Employer Paso Robles Waste Disposal Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : 40617.C803

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

25500.00

**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 16 OF 40
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Frank Hotchkiss Campaign Account

Mailing Address PO Box 2443

City Santa Barbara State CA Zip Code 93102

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2014

Transaction ID : 40530.C771

Amount of Each Receipt this Period
 Receipt 75.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

75.00

75.00

**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 17 OF 40
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

Full Name (Last, First, Middle Initial) Dale Francisco		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 22007		Transaction ID : 40712.C810
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 506.24
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 32506.24	

Full Name (Last, First, Middle Initial) Dale Francisco		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address PO Box 22007		Transaction ID : 40522.C734
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20000.00
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 52506.24	

Full Name (Last, First, Middle Initial) Dale Francisco		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address PO Box 22007		Transaction ID : 40712.C809
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.24
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 53852.48	

SUBTOTAL of Receipts This Page (optional).....	21852.48
TOTAL This Period (last page this line number only).....	21852.48

**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 18 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Gelsons Markets			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 3305 State Street			Amount of Each Disbursement this Period 67.80
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Catering		Category/ Type	Transaction ID : 40609.E1006
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CATERING
State: District:			

Full Name (Last, First, Middle Initial) B. In Compliance Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address PO Box 751271			Amount of Each Disbursement this Period 3050.00
City Las Vegas	State NV	Zip Code 89136-	
Purpose of Disbursement Consulting Compliance		Category/ Type	Transaction ID : 40617.E1030
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CONSULTING COMPLIANCE
State: District:			

Full Name (Last, First, Middle Initial) c. Rachel Neville			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1741 Devaul Ranch Drive			Amount of Each Disbursement this Period 300.00
City San Luis Obispo	State CA	Zip Code 93405-	
Purpose of Disbursement Consulting Field Rep.		Category/ Type	Transaction ID : 40617.E1035
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CONSULTING FIELD REP.
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3417.80
TOTAL This Period (last page this line number only).....	

**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 19 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Mary Kalvans			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address PO Box 24			Amount of Each Disbursement this Period 465.00		
City San Miguel	State CA	Zip Code 93451-	Transaction ID : 40617.E1031		
Purpose of Disbursement Consulting Field Rep.		Category/ Type			
Candidate Name		CONSULTING FIELD REP.			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014		
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 45.00		
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40609.E998		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name		TELEPHONE			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. 2 Cent Autocalls			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014		
Mailing Address 10 Tremont Street #14			Amount of Each Disbursement this Period 323.30		
City Boston	State MA	Zip Code 02108-	Transaction ID : 40609.E1009		
Purpose of Disbursement Telephone		Category/ Type			
Candidate Name		TELEPHONE			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	833.30
TOTAL This Period (last page this line number only).....	

**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 20 OF 40	
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Copy Right		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 908 East Colorado Boulevard		Amount of Each Disbursement this Period 122.10
City Pasadena	State CA	
Zip Code 91106-	Purpose of Disbursement Printing	Transaction ID : 40609.E995
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PRINTING
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 37.38
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40617.E1017
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 2.88
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40617.E1015
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	162.36
TOTAL This Period (last page this line number only).....	

**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 21 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 7.19
City San Francisco	State CA Zip Code 94105-	
Purpose of Disbursement Merchant Processing Fees	Category/Type	Transaction ID : 40617.E1018
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Cox Communications		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 53262		Amount of Each Disbursement this Period 157.99
City Phoenix	State AZ Zip Code 85072-	
Purpose of Disbursement Telephone & Internet	Category/Type	Transaction ID : 40609.E1004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE & INTERNET
State: District:		

Full Name (Last, First, Middle Initial) c. Northstar Campaign Systems		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 11421 Davenport Street		Amount of Each Disbursement this Period 516.06
City Omaha	State NE Zip Code 68154-	
Purpose of Disbursement Telephone Services	Category/Type	Transaction ID : 40617.E1028
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	681.24
TOTAL This Period (last page this line number only).....	

**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 22 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Ashley Latka			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 652 Lynwood Street			Amount of Each Disbursement this Period 1625.00
City Thousand Oaks	State CA	Zip Code 91360-	
Purpose of Disbursement Consulting Field Rep.		Category/ Type	Transaction ID : 40609.E1014
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CONSULTING FIELD REP.
State: District:			

Full Name (Last, First, Middle Initial) B. Strategic Media Placement			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 7669 Stagers Loop			Amount of Each Disbursement this Period 20000.00
City Delaware	State OH	Zip Code 43015-	
Purpose of Disbursement Media		Category/ Type	Transaction ID : 40609.E996
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		MEDIA
State: District:			

Full Name (Last, First, Middle Initial) c. Ashley Latka			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 652 Lynwood Street			Amount of Each Disbursement this Period 1625.00
City Thousand Oaks	State CA	Zip Code 91360-	
Purpose of Disbursement Consulting Field Rep.		Category/ Type	Transaction ID : 40521.E960
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CONSULTING FIELD REP.
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	23250.00
TOTAL This Period (last page this line number only).....	

**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 23 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40530.E991
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Moore Information Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2130 SW Jefferson #200		Amount of Each Disbursement this Period 1940.00
City Portland	State OR	
Zip Code 97201-	Purpose of Disbursement Polling	Transaction ID : 40609.E1003
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	POLLING
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2980 State Street		Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Telephone	Transaction ID : 40609.E997
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2013.75
TOTAL This Period (last page this line number only)	

**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 24 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Rachel Kim		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 227 Mesa Verde Drive		Amount of Each Disbursement this Period 285.00
City Santa Barbara	State CA	
Zip Code 93110-	Purpose of Disbursement Consulting Field Rep.	Transaction ID : 40707.E1042
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CONSULTING FIELD REP.
State: District:		

Full Name (Last, First, Middle Initial) B. Bill Bailey		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 424 Olive Street		Amount of Each Disbursement this Period 325.00
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Rent	Transaction ID : 40609.E1012
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	RENT
State: District:		

Full Name (Last, First, Middle Initial) c. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40530.E990
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	615.75
TOTAL This Period (last page this line number only).....	

**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 25 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Rachel Kim			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 227 Mesa Verde Drive			Amount of Each Disbursement this Period 1425.00
City Santa Barbara	State CA	Zip Code 93110-	Transaction ID : 40609.E1013
Purpose of Disbursement Consulting Field Rep.		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CONSULTING FIELD REP.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 38.50
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40617.E1020
Purpose of Disbursement See Below/Postage & Shipping		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW/POSTAGE & SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 836 Anacapa Street			Amount of Each Disbursement this Period 18.90
City Santa Barbara	State CA	Zip Code 93102-	Transaction ID : 40617.E1021
Purpose of Disbursement Postage & Shipping		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE & SHIPPING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1463.50
TOTAL This Period (last page this line number only).....	

**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 26 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 219 East Gutierrez Street		Amount of Each Disbursement this Period \$ 19.60
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Postage & Shipping	Transaction ID : 40617.E1022
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: POSTAGE & SHIPPING
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period \$ 17.25
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40530.E989
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period \$ 5.76
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40521.E941
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	MERCHANT PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 23.01
TOTAL This Period (last page this line number only).....	

**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 27 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Telephone		Candidate Name	Transaction ID : 40609.E1000
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	TELEPHONE

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Telephone		Candidate Name	Transaction ID : 40609.E999
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	TELEPHONE

Full Name (Last, First, Middle Initial) c. Office Max			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 219 East Gutierrez Street			Amount of Each Disbursement this Period 65.87
City Santa Barbara	State CA	Zip Code 93101-	
Purpose of Disbursement Office Supplies		Candidate Name	Transaction ID : 40609.E993
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional).....	155.87
TOTAL This Period (last page this line number only).....	

**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 28 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. In Compliance Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014	
Mailing Address PO Box 751271			Amount of Each Disbursement this Period 1950.00	
City Las Vegas	State NV	Zip Code 89136-	Transaction ID : 40617.E1029	
Purpose of Disbursement Software & Support		Category/ Type		
Candidate Name			SOFTWARE & SUPPORT	
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Expedia			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 333 108th Avenue NE			Amount of Each Disbursement this Period 250.98	
City Bellevue	State WA	Zip Code 98004-	Transaction ID : 40609.E1007	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name			TRAVEL	
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Dick Mason			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address PO Box 962			Amount of Each Disbursement this Period 472.50	
City San Luis Obispo	State CA	Zip Code 93406-	Transaction ID : 40617.E1034	
Purpose of Disbursement Consulting Field Rep.		Category/ Type		
Candidate Name			CONSULTING FIELD REP.	
Office Sought:	House Senate President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	2673.48
TOTAL This Period (last page this line number only).....	

**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 29 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Valerie Watson		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2407 Anacapa Street		Amount of Each Disbursement this Period 262.05
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement See Below/Catering	Transaction ID : 40617.E1023
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW/CATERING
State: District:		

Full Name (Last, First, Middle Initial) B. Vons Grocery Store		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3355 State Street		Amount of Each Disbursement this Period 38.98
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement CATERING	Transaction ID : 40617.E1024
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: CATERING
State: District:		

Full Name (Last, First, Middle Initial) c. Gelsons Markets		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 3305 State Street		Amount of Each Disbursement this Period 152.63
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Catering	Transaction ID : 40617.E1025
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: CATERING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	262.05
TOTAL This Period (last page this line number only).....	

**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 30 OF 40	
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Vons Grocery Store		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 3355 State Street		Amount of Each Disbursement this Period 64.74
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement CATERING	Transaction ID : 40617.E1026
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: CATERING
State: District:		

Full Name (Last, First, Middle Initial) B. Smart & Final		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 217 East Gutierrez Street		Amount of Each Disbursement this Period 5.70
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement CATERING	Transaction ID : 40617.E1027
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: CATERING
State: District:		

Full Name (Last, First, Middle Initial) c. Rachel Kim		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 227 Mesa Verde Drive		Amount of Each Disbursement this Period 1425.00
City Santa Barbara	State CA	
Zip Code 93110-	Purpose of Disbursement Consulting Field Rep.	Transaction ID : 40521.E959
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CONSULTING FIELD REP.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1425.00
TOTAL This Period (last page this line number only).....	

**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 31 OF 40			
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. 2 Cent Autocalls			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 10 Tremont Street #14			Amount of Each Disbursement this Period 323.30	
City Boston	State MA	Zip Code 02108-	Transaction ID : 40609.E1010	
Purpose of Disbursement Telephone		Category/ Type		
Candidate Name			TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) B. Piryx			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014	
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 44.57	
City San Francisco	State CA	Zip Code 94105-	Transaction ID : 40617.E1016	
Purpose of Disbursement Merchant Processing Fees		Category/ Type		
Candidate Name			MERCHANT PROCESSING FEES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) C. Britta Bartels			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address PO Box 2522			Amount of Each Disbursement this Period 345.00	
City Santa Barbara	State CA	Zip Code 93120-	Transaction ID : 40617.E1037	
Purpose of Disbursement Consulting Field Rep.		Category/ Type		
Candidate Name			CONSULTING FIELD REP.	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	712.87
TOTAL This Period (last page this line number only).....	

**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 32 OF 40	
	<input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Office Max		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 219 East Gutierrez Street		Amount of Each Disbursement this Period 58.31
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Office Supplies	Transaction ID : 40701.E1040
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) B. Anthony Kalvans		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address PO Box 64		Amount of Each Disbursement this Period 362.50
City San Miguel	State CA	
Zip Code 93451-	Purpose of Disbursement Consulting Field Rep.	Transaction ID : 40617.E1033
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CONSULTING FIELD REP.
State: District:		

Full Name (Last, First, Middle Initial) c. Ashley Latka		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 652 Lynwood Street		Amount of Each Disbursement this Period 325.00
City Thousand Oaks	State CA	
Zip Code 91360-	Purpose of Disbursement Consulting Field Rep.	Transaction ID : 40701.E1039
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CONSULTING FIELD REP.
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	745.81
TOTAL This Period (last page this line number only).....	38435.79

**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 33 OF 40	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Dale Francisco		Date of Disbursement MM / DD / YYYY 06 / 07 / 2014
Mailing Address PO Box 22007		Amount of Each Disbursement this Period \$ 10000.00 Transaction ID : 40617.E1038
City Santa Barbara	State CA	
Zip Code 93121-	Purpose of Disbursement Repay Loan Made/Guar. by Cand	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 10000.00
TOTAL This Period (last page this line number only).....	\$ 10000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Francisco For Congress** Transaction ID : **LS40521.C724**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Dale Francisco Primary
 Mailing Address PO Box 22007 General
 Other (specify) ▼

City State ZIP Code
 Santa Barbara CA 93121-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32000.00	10000.00	22000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 M 04 / D 24 / Y 2014 M M / D D / ONDEMAND 0.00 % (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: []

SUBTOTALS This Period This Page (optional)..... ▶ 22000.00
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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : LS40712.C809
Francisco For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Dale Francisco	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22007		

City	State	ZIP Code
Santa Barbara	CA	93121-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21852.48	0.00	21852.48

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 15 / Y 2014 Y	M M / D D / ONDEMAND	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="21852.48"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="43852.48"/>

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Consulting Management
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 5500.00	Transaction ID : LS40710.E1045	
Amount Incurred This Period 9000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Media
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 6150.00	Transaction ID : LS40522.E985	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Travel
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 234.56	Transaction ID : LS40415.E910	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 234.56

1) SUBTOTALS This Period This Page (optional)	20884.56
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 40
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Travel
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 3076.61	Transaction ID : LS40710.E1046	
Amount Incurred This Period 342.93	Payment This Period 0.00	Outstanding Balance at Close of This Period 3419.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Data Lists
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 0.00	Transaction ID : LS40710.E1047	
Amount Incurred This Period 54.49	Payment This Period 0.00	Outstanding Balance at Close of This Period 54.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Consulting Compliance
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 8000.00	Transaction ID : LS40617.E1030	
Amount Incurred This Period 0.00	Payment This Period 3050.00	Outstanding Balance at Close of This Period 4950.00

1) SUBTOTALS This Period This Page (optional)	8424.03
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) ▶	

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

NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Consulting Compliance
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 0.00	Transaction ID : LS40710.E1051	
Amount Incurred This Period 3000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Office Supplies
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 0.00	Transaction ID : LS40710.E1050	
Amount Incurred This Period 23.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 23.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Printing
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 2.00	Transaction ID : LS40415.E912	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2.00

1) SUBTOTALS This Period This Page (optional)	3025.78
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) ▶	

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

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Printing
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 0.00	Transaction ID : LS40710.E1049	
Amount Incurred This Period 17.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Shipping
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 45.75	Transaction ID : LS40415.E913	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Software & Support
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 1950.00	Transaction ID : LS40617.E1029	
Amount Incurred This Period 0.00	Payment This Period 1950.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	62.75
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) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Prosper Group

Mailing Address 435 East Main Street #250

City State Zip Code
Greenwood IN 46143-

Nature of Debt (Purpose):
Email Svcs

Outstanding Balance Beginning This Period **Transaction ID : LS40710.E1048**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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" value="485.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="32882.12"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="43852.48"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="76734.60"/>