| FEC FORM 3 | REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee | | | | RECEIVED 2012 APR 17 AM 11: 33 Office Use Only | | |
|--|--|-----------------------|---|---------------|--|---------------------------------------|--|
| 1. NAME OF COMMITTEE (ir | TYPE OR PRIN full) | | ample:If typing, er the lines. | type | 12FE4M5 | | |
| Debbie Baciga | lupi for Congress | <u></u> | | | | | |
| ADDRESS (number a ▼ | nd street) | | | ┕╴╽╴╿╴╹ | | | |
| Check if di than previou reported. (A | Isly ISan Carlo | | | | | · · · · · · · · · · · · · · · · · · · | |
| 2. FEC IDENTIFIC | CATION NUMBER ¥ | CITY | | | STATE A | ZIP CODE ▲ STATE▼DISTRICT | |
| CC0516799 | | 3. IS THIS REPORT | X NEW (N) | OR | AMENDED (A) | | |
| (a) Quarterly F | PORT (Choose One) Reports: 5 Quarterly Report (Q1) 6 Quarterly Report (Q2) 9 15 Quarterly Report (Q3) 9 31 Year-End Report (YE) ation Report (TER) | Election on | Election Repor Primary (12P) Convention (1 T-Election Report General (30G |) | General (12G Special (12S) Runoff (30R) | | |
| 5. Covering Period 01 01 2012 through 03 31 2012 | | | | | | | |
| Type or Print Name of Treasurer Nancy I. Warren | | | | | | | |
| Signature of Treasurer Date Date Date Date Date Date Date Date | | | | | | | |
| NOTE: Submission of Office Use Only | faise, erroneous, or incompl | ete information may s | subject the perso | n signing thi | | FEC FORM 3 (Revised 02/2003) | |

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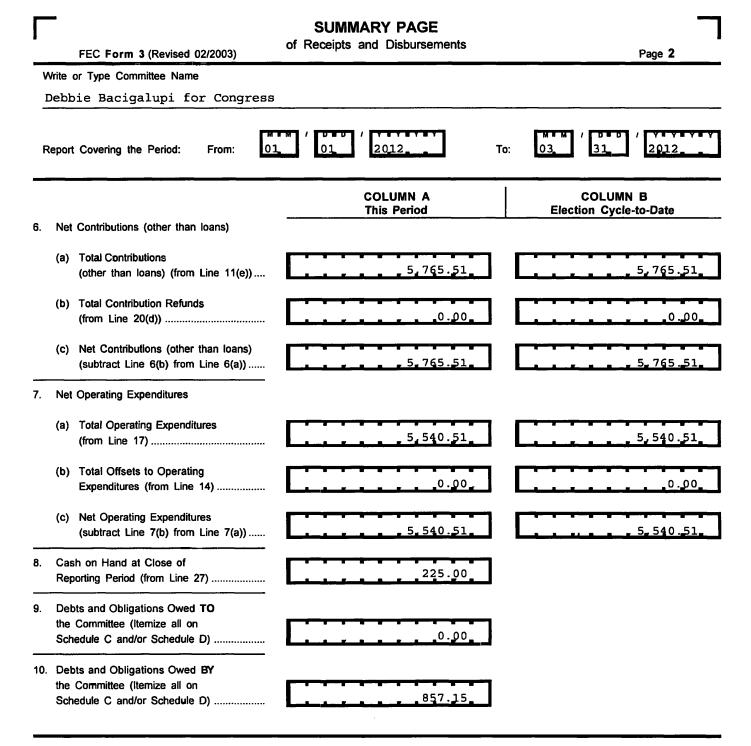
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For further information contact:

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

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

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| | FEC Form 3 (Revised 12/2003) | DETAILED SUMMARY PAGE of Receipts | Page 3 | | |
|----------|---|--------------------------------------|------------------------------------|--|--|
| | rite or Type Committee Name | | | | |
| <u>D</u> | ebbie Bacigalupi for Congress | 3 | <u></u> | | |
| Re | eport Covering the Period: From: | 1 01 2012 To | . 03 ' ^D D ' 2012 | | |
| | I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date | | |
| 1. | CONTRIBUTIONS (other than loans) FROM: | : | | | |
| | (a) Individuals/Persons Other Than Political Committees | | | | |
| | (i) Itemized (use Schedule A) | 5,740.51 | 5,740.51 | | |
| | (ii) Unitemized | 25.00 | 25.00 | | |
| | (iii) TOTAL of contributions from individuals | 5,765.51 | 5,765.51 | | |
| | (b) Political Party Committees | 0.00 | 0.00 | | |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | | |
| | (d) The Candidate (e) TOTAL CONTRIBUTIONS | 0.00 | 0.00 | | |
| | (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 5,765.51 | 5,765.51 | | |
| 2. | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 | | |
| 3. | LOANS: | | | | |
| | (a) Made or Guaranteed by the Candidate | 0.00 | 0.00 | | |
| | (b) All Other Loans | 0.00 | 0.00 | | |
| | (c) TOTAL LOANS (add Lines 13(a) and (b)) | 0.00 | 0.00 | | |
| 4. | OFFSETS TO OPERATING | | | | |
| | EXPENDITURES (Refunds, Rebates, etc.) | 0.00 | 0.00 | | |
| 5. | OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 | | |
| 6. | TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) | 5,765.51 | 5,765.51 | | |

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| FEC Form 3 (Revised 02/2003) | DETAILED SUMMARY PAGE of Disbursements | Page 4 |
|--|---|------------------------------------|
| II. DISBURSEMENTS | COLUMN A Total This Peried | COLUMN B Election Cycle-to-Date |
| 7. OPERATING EXPENDITURES | 5,540 <u>5</u> 1 | 5,540.51 |
| 8. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0,00 | 0.00 |
| 9. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate | 0,00 | 0,00 |
| (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0_00 | 0_00 |
| 0. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees | 0,00 | 0,00 |
| (b) Politioal Party Committees (c) Other Political Committees (such as PACs) | 0,00 0,00 | 0,00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0_00 | 0.00 |
| 1. OTHER DISBURSEMENTS | 0_00 | 0_00 |
| 2. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 5,540,51 | 5,540.51 |
| III. CASH SU | JMMARY | |
| 3. CASH ON HAND AT BEGINNING OF REPO | RTING PERIOD | 0,00 |
| TOTAL RECEIPTS THIS PERIOD (from Line | 16, page 3) | 5,765_51 |
| 5. SUBTOTAL (add Line 23 and Line 24) | | 5,765.51 |
| . TOTAL DISBURSEMENTS THIS PERIOD (fro | om Line 22) | 5,540,51 |
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27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

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| SCHEDULE A (FEC Form 3) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 1 OF 2 | | |
|--|-----------------------|--|---|--|--|
| ITEMIZED DECEIDTS for each category of the | | | | | |
| TEMIZED RECEIPTS | | Detailed Summary Page | | | |
| Any information copied from such Reports and S or for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions | | |
| NAME OF COMMITTEE (In Full) Debbie Bacigalupi for Congress | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| Charles Munger | | | Data of Passint | | |
| A. Mailing Address | | | Date of Receipt | | |
| 1423 Hamilton Avenue | | | 03 07 2012 | | |
| City | State | Zip Code | | | |
| Palo Alto, CA 94301 | | | | | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | |
| Name of Employ er None | Occupation Physici | | | | |
| Receipt For: P2012 | Election C | ycle-to-Date | In Kind: San Mateo County filing fees | | |
| X Primary General | | | | | |
| Other (specify) | | 1,740.00 | | | |
| | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| B. Debbie Bacigalupi | | <u> </u> | Date of Receipt | | |
| Mailing Address | | | | | |
| 250 Shelford Avenue | State | Zip Code | | | |
| San Carlos, CA 94070 | 5000 | | | | |
| FEC ID number of contributing | | | | | |
| federal political committee. | | | Amount of Each Receipt this Period | | |
| · | | | 90.00 | | |
| Name of Employer Self-employed (same name) | Occupation Consult | | | | |
| | 1 | | In Kind: US Postmaster - PO | | |
| Receipt For: P2012 | Election C | ycle-to-Date | Box | | |
| Other (specify) | | 3,800.51 | | | |
| | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | |
| C. Debbie Bacigalupi | | | Date of Receipt | | |
| Mailing Address | | | | | |
| 250 Shelford Avenue | State | Zip Code | 03 09 2012 | | |
| City San Carlos, CA 94070 | JIGIE | Lih Code | | | |
| | | | - | | |
| FEC ID number of contributing federal political committee. | | | Amount of Each Receipt this Period | | |
| ····· | | | | | |
| Name of Employer | Occupation Consult | | | | |
| Self-employed (same name) | Consuite | | In Kind: California | | |
| Receipt For: p2012 | Election C | ycle-to-Date | Republican Party fee | | |
| X Primary General Other (specify) | | 3,800.51 | | | |
| | | 5,000.51 | | | |
| | | | | | |
| SUBTOTAL of Receipts This Page (optional) | | | 2,180.00 | | |
| CONTOINE OF Receipts This Fage (optional) | | ······································ | | | |
| TOTAL This Period (last page this line number of | only) | | | | |

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| SCHEDULE A (FEC Form 3) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 2 OF 2 (check only one) | | |
|---|---|--|--|--|
| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | $\begin{array}{ c c c c c c c c c c c c c c c c c c c$ | | |
| Any information copied from such Reports and Statement or for commercial purposes, other than using the name a | | person for the purpose of soliciting contributions | | |
| NAME OF COMMITTEE (In Full) Debbie Bacigalupi for Congress | | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A. Debbie Bacigalupi | | Date of Receipt | | |
| Mailing Address | | | | |
| 250 Shelford Avenue City State | Zip Code | 03 09 2012 | | |
| San Carlos, CA 94070 | | | | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period | | |
| Name of Employer Occupa | ation | 3,360.51 | | |
| | ultant | In Kind: San Mateo County | | |
| | n Cycle-to-Date | candidate statement fees | | |
| X Primary General | 3,800.51 | | | |
| Other (specify) | 3,800.51 | 1 | | |
| Full Name (Last, First, Middle Initial) | | | | |
| B. Elaine McDonough | - <u></u> | Date of Receipt | | |
| Mailing Address 11707 Northwoods Blvd | | | | |
| City State | Zip Code | | | |
| Truckee, CA 96162 | · ··· | | | |
| FEC ID number of contributing | • • • • • • • • • • | Amount of Each Receipt this Period | | |
| federal political committee. | | | | |
| Name of Employer Occupa None Reti | | 200.00 | | |
| Receipt For: P2012 Election | n Cycle-to-Date | | | |
| X Primary General | | 1 | | |
| Other (specify) | 200.00 | 1 | | |
| Full Name (Last, First, Middle Initial) | <u> </u> | | | |
| C. Mailing Address | | Date of Receipt | | |
| Mailing Address | | | | |
| City State | Zip Code | | | |
| FEC ID number of contributing | | | | |
| federal political committee. | | Amount of Each Receipt this Period | | |
| Name of Employer Occupa | tion | | | |
| Receipt For: Election | n Cycle-to-Date | | | |
| Primary General | | 1 | | |
| Other (specify) | | | | |
| <u>_</u> | | | | |
| SUBTOTAL of Receipts This Page (optional) | | 3,560.51 | | |
| | | E 740 C1 | | |
| TOTAL This Period (last page this line number only) | | 5,740.51 | | |

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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each callegory of the | FOR LINE NUMBER: PAGE 1 OF 2 (check only one) X 17 18 19a 19b |
|---|---|--|
| Any information copied from such Reports and Statements ma | | 20a 20b 20c 21 person for the purpose of soliciting contributions |
| or for commercial purposes, other than using the name and a | ddress of any political committ | ee to solicit contributions from such committee, |
| NAME OF COMMITTEE (In Full) Debbie Bacigalupi for Congress | | |
| Full Name (Last, First, Middle Initial) | | |
| A. Charles Munger | | Date of Disbursement |
| Mailing Address 1423 Hamilton Avenue | | 03 07 2012 |
| City State Palo Alto, CA 94301 | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement In Kind: San Mateo County filing fees | | 1,740.00 |
| Candidate Name | Category/ Type | |
| Office Sought: House Disbursement For: Senate X Primary President Other (s | P2012 | |
| State: District: | | |
| Full Name (Last, First, Middle Initial) B. Debbie Bacigalupi | | Date of Disbursement |
| Mailing Address 250 Shelford Avenue | <u> </u> | M M / D / Y Y Y Y 03 09 2012 |
| City State | Zip Code | Amount of Each Disbursement this Period |
| San Carlos, CA 94070 Purpose of Disbursement | | 90.00 |
| In Kind: US Postmaster - PO Box | ┨│┖╼╼╼╼╼╩╩╾╾╾┛ | |
| Candidate Name | | |
| Office Sought: House Disbursement For: Senate X Primary President Other (sp | General | |
| Full Name (Last, First, Middle Initial) | | <u> </u> |
| C. Debbie Bacigalupi | | |
| Mailing Address 250 Shelford Avenue | | |
| | Code | Amount of Each Disbursement this Period |
| San Carlos, CA 94070 Purpose of Disbursement | | 350.00 |
| In Kind: California Republican Party fee Candidate Name | Category, Type | |
| Office Sought: House Disbursement For: | | -1 |
| Senate X Primary President Other (s) | General Gecify) | |
| State: District: | | _ <u></u> |
| SUBTOTAL of Disbursements This Page (optional) | 2,180.00 | |
| TOTAL This Period (last page this line number only) | | |

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| SCHEDULE B (FEC Form 3) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE ² OF ² (check only one) | |
|--------------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS | | for each category of the Detailed Summary Page | X 17 18 19a 19b 20a 20b 20c 21 | |
| Any inform or for com | ation copied from such Reports and Statements m mercial purposes, other than using the name and | nay not be sold or used by any address of any political commit | person for the purpose of soliciting contributions | |
| | OF COMMITTEE (In Full) Bacigalupi for Congress | | | |
| | | ······ | _ | |
| | ne (Last, First, Middle Initial) 9 Bacigalupi | | Date of Disbursement | |
| | Address welford Avenue | | 03 09 2012 | |
| City San Ca | orlos, CA 94070 | Zip Code | Amount of Each Disbursement this Period | |
| In Kin | e of Disbursement d: San Mateo County candidate statement | fees | 3,360.51 | |
| Candida | ite Name | Category Type | | |
| Office S | ought: House Disbursement For Senate X Primary President Other (s | P2012 | | |
| State: | District: | | | |
| | ne (Last, First, Middle Initial) | | Date of Disbursement | |
| B. | <u></u> | ······································ | | |
| Mailing | Address | | | |
| City | State | Zip Code | Amount of Each Disbursement this Period | |
| Purpose | e of Disbursement | | | |
| Candida | ite Name | Category Type | | |
| Office S | iought: House Disbursement For Senate Primary President Other (s | General | | |
| State: | District: | <u></u> | | |
| C. | ne (Last, First, Middle Initial) | | Date of Disbursement | |
| Mailing | Address | | | |
| City | State Zi | p Code | Amount of Each Disbursement this Period | |
| Purpose | e of Disbursement | | | |
| Candida | ate Name | Category Type | | |
| Office S | | : | | |
| | Senate Primary President Other (s | | | |
| State: | District: | | | |
| SUBTOTA | L of Disbursements This Page (optional) | | 3,360.51 | |
| TOTAL TH | nis Period (last page this line number only) | | 5,540.51 | |

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| SCHEDULE D (FEC Form 3) | 1 | | PAGE 1 OF 1 | | |
|---|----------------------------------|--------------------|------------------------------------|--|--|
| | (Use separate schedule(s) | FOR LINE NUMBER: | | | |
| DEBTS AND OBLIGATIONS | for each | (check only one) 9 | | | |
| Excluding Loans | numbered line) | x 10 | | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| Debbie Bacigalupi for Congress | | | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | Nature of D | ebt (Purpose): | | |
| Warren and Associates LLC | | Political | Political | | |
| | | compliand | ce services | | |
| Mailing Address | | | | | |
| 20 Galli Dr. Suit City State | ze A Zip Code | | | | |
| Novato, CA | 210 Code 94949 - | | | | |
| | | <u></u> | | | |
| Outstanding Balance Beginning This Period | | | | | |
| 0.00 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | |
| 957.15 | | | 057.15 | | |
| 857.15 | 0.00 | | 857.15 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor of | or Creditor | Nature of D | ebt (Purpose): | | |
| | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| City State | Zip Code | | | | |
| | - | | | | |
| Outstanding Balance Basinsing This Desigd | | · | | | |
| Outstanding Balance Beginning This Period | | | | | |
| | | | | | |
| Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | |
| | | | | | |
| | | عصفا لصعب | | | |
| C. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | Nature of D | ebt (Purpose): | | |
| | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | Chata Zia Cada | | | | |
| City | State Zip Code | | | | |
| Outstanding Balance Basianing This Desired | | | | | |
| Outstanding Balance Beginning This Period | | | | | |
| | | | | | |
| Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | |
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| hands also Barbard and had a find and | | ععا لعد | | | |
| | | F | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | 857.15 | | |
| | | | | | |
| 2) TOTALS This Period (last page this line number of | nly) | | | | |
| | | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | | |
| | | | 857.15 | | |
| 4) ADD 2) and 3) and carry forward to appropriate lin | ne or Summary Page (last page on | y) 🖵 💶 🛋 | | | |

FEC Schedule D (Form 3) (Revised 02/2003)

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt 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 or Postmarked Other (Specify): RÉPARER DATE PREPARED

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