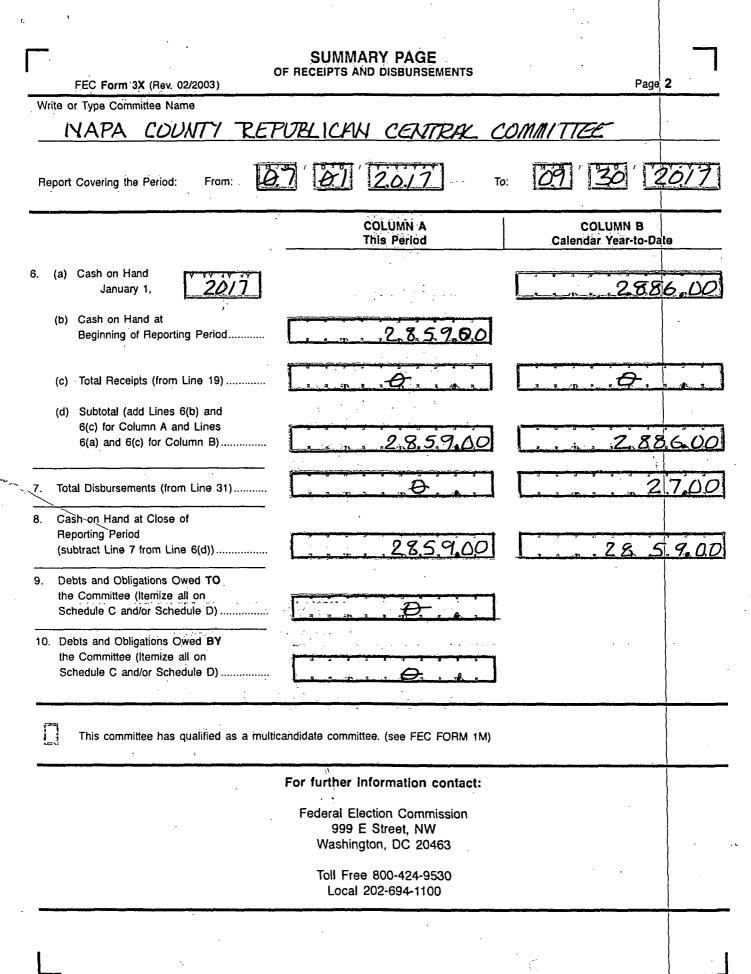
| | | | | 37 |
|--|---|--|----------------------------|--|
| | | | • | |
| FEC FORM 3X | REPORT OF AND DISBUI | RSEMENTS | FEC 2017 OC: | RECEIVED MAIL CENTER TIG AM 7:36 |
| | | | Office | Use Only |
| 1. NAME OF COMMITTEE (in ful | TYPE OR PRINT ▼ I) | Example: If typing, type over the lines. | 12FE4M5 | |
| NAPA COL | INTY REPUBLICAN | J. CENTRAL CO. | MMITTEE | |
| | | | | |
| ADDRESS (number and s | street) 7. D. BOX | 3263 | | |
| Check if differe than previously | , | ╺╺┙╸┙╺┶╺┶ | 1CM 194 | |
| reported. (ACC | | | | <u>558</u> -[<u>Z</u> , <u>5</u> , <u>0</u>] |
| 2. FEC IDENTIFICAT | | | | |
| C 0.0 4 5 | 5. <u>6.5.9</u> 3. | IS THIS NEW REPORT (N) O | R AMENDEI |) |
| 4. TYPE OF REPC (Choose One) | Report L | eb 20 (M2) May 20 (| M5) 🔲 Aug 20 (M8 | Year Only) |
| (a) Quarterly Report | rts: | ar 20 (M3) Jun 20 (N | | Year Only) |
| April 15 Quarterly F | Report (Q1) | pr 20 (M4) Jul 20 (M | | |
| July 15 Quarterly F | Report (Q2) (C) 12-Day PRE-Election Report for the: | Convention (12C) | General (12G) | Runoff (12R) |
| Quarterly F | | | | 1 |
| | Report (YE) | tion on | | in the State of |
| July 31 Mi Report (No Year Only) | (U) SU-Day POST-Election | General (30G) | Runoff (30R) | Special (30S) |
| Termination (TER) | | tion on | | in the State of |
| 5. Covering Period | | through | 9 20 20 | 2.1.7 |
| I certify that I have exa | mined this Report and to the best | of my knowledge and belief it i | s true, correct and comp | plete. |
| Type or Print Name of | Treasurer <u>)056P11</u> | BLEVINS | | |
| Signature of Treasurer | Joseph Bl | ums | | <u>86</u> 2017 |
| | se, erroneous, or incomplete informa | tion may subject the person signi | ng this Report to the pena | alties of 2 U.S.C. §437g. |
| Office Use Only FE6AN026 | | | FE | Rev. 12/2004 |

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| D | ETAILED SUMMARY PAGE of Receipts | – – |
|---|--|---|
| FEC Form 3X (Rev. 06/2004) | | Page 3 |
| Write or Type Committee Name | | |
| NAPA COUNTY REPUR | LICAN CENTRAL CO | MMITTEE |
| Report Covering the Period: From: | | |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees (i) Itemized (use Schedule A) | Ø | Q 49 |
| | | |
| (ii) Unitemized | | Q |
| (iii) TOTAL (add | | 6 |
| Lines 11(a)(i) and (ii) | | and the second second |
| (b) Political Party Committees | | Q |
| (c) Other Political Committees | | |
| (such as PACs) | | Line in the second s |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry | | <u> </u> |
| Totals to Line 33, page 5) | | φ |
| 12. Transfers From Affiliated/Other | | |
| Party Committees | <u></u> | T. P. C. C. |
| 13. All Loans Received | 0 | ϕ |
| | | |
| Loan Repayments Received Offsets To Operating Expenditures | L ZZ Z Z Z Z Z ZZ Z ZZ Z Z ZZ Z ZZ Z Z ZZ ZZ Z Z ZZ Z_ | 0 |
| (Refunds, Rebates, etc.) | | <u></u> |
| (Carry Totals to Line 37, page 5) | | Q |
| 16. Refunds of Contributions Made | | |
| to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 0 | 0 |
| 18. Transfers from Non-Federal and Levin Funds | •••••••••••••••••••••••••••••••••••••• | |
| (a) Non-Federal Account (from Schedule H3) | <i>θ</i> . | |
| | | |
| (b) Levin Funds (from Schedule H5) | . | <u> </u> |
| (c) Total Transfers (add 18(a) and 18(b)) | 4 | <u>M</u> |
| | | |
| 19. Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c)) | , 9. | Ø . |
| 20. Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)► | | \square |
| | * · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |

DETAILED SUMMARY PAGE

of Disbursements

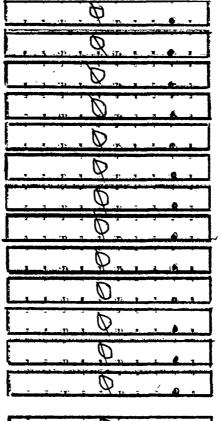
COLUMN A Total This Period

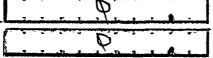
COLUMN B Calendar Year-to-Date

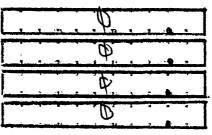
Page 4

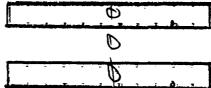
| | II. Disbursements | |
|-----------|---|-------------|
| 21. | Operating Expenditures: | |
| | (a) Allocated Federal/Non-Federal | |
| | Activity (from Schedule H4) | |
| | (i) Federal Share | <u> </u> |
| | | |
| | (ii) Non-Federal Share | <u>E.</u> , |
| | (b) Other Federal Operating | - |
| | Expenditures | |
| | (c) Total Operating Expenditures | _ |
| | (add 21(a)(i), (a)(ii), and (b)) | |
| 22. | Transfers to Affiliated/Other Party | [] |
| . | Committees | |
| 23. | Contributions to | نيسيا |
| | Federal Candidates/Committees | |
| . | and Other Political Committees | <u> </u> |
| 24. | Independent Expenditures | |
| 25. | (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | L |
| 25. | (2 U.S.C. §441a(d)) | |
| | (use Schedule F) | |
| | | |
| 26. | Loan Repayments Made | Ι. |
| | | - |
| 27. | Loans Made | Ι. |
| 28. | Refunds of Contributions To: | |
| | (a) Individuals/Persons Other Than Political Committees | E |
| | That I onloar committee | |
| | (b) Political Party Committees | |
| | | <u>ب</u> |
| | (-, | E |
| | (such as PACs) | F |
| | | |
| | (d) Total Contribution Refunds | |
| | (add Lines 28(a), (b), and (c)) ► | |
| | | |
| 29. | Other Disbursements | È, |
| | | |
| 30. | Federal Election Activity (2 U.S.C. §431(20)) | |
| | (a) Allocated Federal Election Activity | |
| | (from Schedule H6) | _ |
| | (i) Federal Share | Ι. |
| | ·/ ··· | |
| | (ii) "Levin" Share | |
| | (b) Federal Election Activity Paid Entirely | |
| | With Federal Funds | 1 |
| | | |
| | (c) Total Federal Election Activity (add | |
| | Lines 30(a)(i), 30(a)(ii) and 30(b))► | L |
| | | |
| 31 | | - |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | |
| | ι. | - |
| 32 | Total Federal Disbursements | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | |
| | | |
| | from Line 31) | ł |

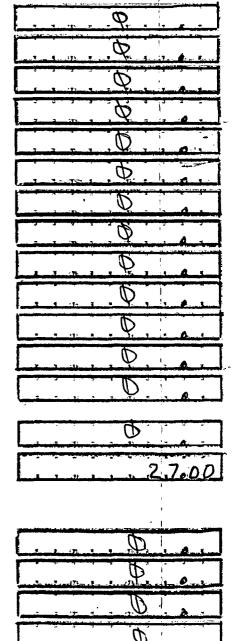
FEC Form 3X (Rev. 02/2003)











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DETAILED SUMMARY PAGE of Disbursements

| FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 5 |
|---|---------------------------------------|-----------------------------------|
| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | D | Q |
| Total Contribution Refunds (from Line 28(d)) | | |
| . Net Contributions (other than loans) (subtract Line 34 from Line 33) | R. | |
| add Line 21(a)(i) and Line 21(b))► | O. | 27.00 |
| . Offsets to Operating Expenditures (from Line 15, page 3) | D. Starter | |
| 8. Net Operating Expenditures (subtract Line 37 from Line 36) | | |
| ···· | · · · · · · · · · · · · · · · · · · · | |
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| SCHEDULE A (FEC | Form 3X) | Use separate schedule(s) | FOR LINE NUMBER: PAGE 6 OF (check only one) |
|--|------------------------|--|---|
| ITEMIZED RECEIPTS | ······ | for each category of the Detailed Summary Page | 11a 11b 11c 12 13 14 15 16 17 |
| | | | person for the purpose of soliciting contributions e to solicit contributions from such committee. |
| | | | |
| Full Name (Last, First, Middle | | CAN CENTRAL (| |
| A Mailing Address | | | |
| City | State | Zip Code | - Loss - and Insularized cases friends and |
| FEC ID number of contributin | | ado-al rocaro domentare tarad | Amount of Each Receipt this Period |
| federal political committee. | | at we have and and to make me | larmiterente mitareterindina timedenet spectra ada an |
| Name of Employer | Occupation | 1 | |
| Receipt For: Primary Gene | | Year-to-Date ▼ | |
| Other (specify) 🔻 | | -12- Louis Marshaw Charles | |
| Full Name (Last, First, Middle B. | e Initial) | | Date of Receipt |
| Mailing Address | | 1. | HANNA & DO. C. D. A MARANARY MAN |
| City | State | Code | Amount of Each Receipt this Period |
| FEC ID number of contributir federal political committee. | ng C | and and an and the first and | |
| Name of Employer | Occupatio | n | |
| Receipt For: Primary Gene Other (specify) ▼ | | year-to-Date ▼ | |
| Full Name (Last, First, Middl | e Initial) | | Dite of Receipt |
| C Mailing Address | | | |
| City | State | Zip Code | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | ng C | ي در رسې د راسېد دود مهم او د را سې د راسېد دود مهم او د را د را د را د رو را را | and a set of the sector of the sector |
| Name of Employer | Occupatio | n | |
| Receipt For: Primary Gene Other (specify) ▼ | | e Year-to-Date ▼ | |
| SUBTOTAL of Receipts This F | Page (optional) | | |
| TOTAL This Period (last page | this line number only) | | A set of the set of |

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| CHEDULE B (FEC Form 3X) | | | | | | PA | 3E 7 | OF | 12 |
|--|---|--------------|-------------------|-------------|------------|------------|---------------------------------------|---------|------|
| EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (cr | 21b | 22 | 23 | 24 28c | $\begin{bmatrix} 2\\ 2 \end{bmatrix}$ | 1 1 | 23 |
| Detailed Summary Page 210 22 23 28 Any information copied from such Reports and Statements may not be sold or used by any political committee to solicit contribution NAME of the purpose of the than using the name and address of any political committee to solicit contribution NAME OF COMMITTEE (In Full) NAPPA COUNT'S TEPUTBLICAN TEAPTY NAME of COMMITTEE (In Full) NAPPA COUNT'S TEPUTBLICAN TEAPTY Full Name (Last, First, Middle Initial) Date of Disburs A. Date of Disburs Mailing Address Category/ Type Office Sought: House President Disbursement For: President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Date of Disburs | | of solicitin | g conti | ioution | IS | | | | |
| | ame and address of any politic | al com | mittee to | solicit cor | ntribution | s from suc | h com | nittee. | |
| λ · | | | | | | | , | 1 | |
| NAPA COUNTY REPL | TBLICAN PH | <u>IRT</u> | <u> </u> | | | | | | |
| | | | | Date of | Disburs | ement | | | |
| Mailing Address | | | | | | | | | |
| City | State Zip Code | | | | | | | | |
| Purpose of Disbursement | [| | | | | | | { | |
| | | | | Amount | of Each | Disburser | nent tr | is Peri | od |
| Candidate Name | | | | | | | | ĺ | |
| Office Sought: House Disburg | ement For | Ty | pe | | | | | | |
| | | | | | | | | } | |
| N | Other (specify) | | | | | | | { | |
| | | | | | | | |) | |
| | | | | Date of | Disburs | ement | | | |
| | | | | | | | | | |
| Mailing Address | K. | <u></u> | | | | | | | |
| City | State Zip Code | | | | | | | | |
| Purpose of Disbursement | | <u>`</u> | | | • | 1 | | | |
| | | | | Amount | of Each | Disburser | nent th | is Peri | od |
| Candidate Name | | Cate | gory/ | | | | | | |
| Office Sought: House Disburs | ement For: | • • • | | | | | • | | |
| | , | | | | | | | | |
| i i | Other (specify) | | | | | | | | |
| | ······································ | | | | | | | | |
| - | | | | Date of | Disburs | ement | | | |
| Mailing Address | | | | | | | | | |
| City | State Zip Code | | | | | | | | |
| Purpose of Disbursement | | | | · | | | | | |
| | | | | Amount | of Each | Disburser | nent th | is Peri | iod |
| Candidate Name | | | | | `` | | | | |
| Office Sought: House Disburs | sement For: | | <u>,he</u> | | | Ì | i | | |
| Senate | Primary General | | | | | | | | |
| | Other (specify) | | - | | | | | | |
| | · | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional |) | | ····· > | | | | | | |
| TOTAL This Period (last page this line number on | ty) | | ····· > | | | • | | | \ |
| · · · | | | | | • | | | • | |
| BAN026 | : | | | | FEC Sch | edule B (F | orm 3X | Hev. 0 |)2/2 |
| | | | | | | | | | |

SCHEDULE C (FEC Form 3X) LOANS

| Use separate schedule(s) | PAC |
|--------------------------|-----|
| for each category of the | |
| Detailed Summary Page | F |

8 OF Z GΕ OR LINE 13 OF FORM 3X

Other (specify) \mathbf{v}

Election: Primary General

| | NAPA COUNTY REPUBLICAN PARTY | Mailing Address | State | ZIP Code | |
|---|------------------------------|-----------------|-------------------------------|----------|--|
| NOAN COUDES Full News (Lest First Middle (pitio)) | NAPA COUNTY REPUBLICAN PARTY | CAN SOURCE Full | Name (Last, First, Middle Ini | itial) | |

| Original Amount of Loan | Cumulative Payment To | Date | Balance Outstanding at Close o | This Peri |
|--|---|--|----------------------------------|-------------------------|
| TERMS Date Incurred | Date Due | Interest | t Rate Secu | red: |
| | | | % (apr) | Yes N |
| List All Endorsers or Guarantors (Nany | /) to Loan Source | | <u> </u> | |
| 1. Full Name (Last, First, Middle Initial) | <u> </u> | Name of Employer | | |
| Mailing Address | | Occupation | | |
| | \mathbf{X} | Amount | | 1 |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | 10 | Name of Employer | | |
| Mailing Address | | Occupation | | |
| | `````````````````````````````````````` | Amount | ······ | + |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | 1 |
| Mailing Address | | Occupation | | |
| | | Amount | <u> </u> | 1 |
| City State | ZIP Code | Guaranteed Outstanding: | $\sum_{i=1}^{n}$ | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | <u></u> | Occupation | | <u> </u> |
| City State | ZIP Code | Amount Guaranteed | | |
| | | Outstanding: | | |
| | -0 | | | |
| UBTOTALS-This Period-This-Page-(option | - 2-01. · · · · · · · · · · · · · · · · · · · | | ····· | $\overline{\mathbf{N}}$ |
| OTALS This Period (last page in this line | | ······································ | | |
| carry outstanding balance only to LINE 3, | Schedule D, for this line. If | no Schedule D, carry | y forward to appropriate line of | Summary |

2017-10-16-09-00177569

FEC Schedule C (Form 3X) Rev. 02/2003

| | | | | | 1 |
|---|--|-------------------------|-----------------|--------------------------------|-------------------------|
| SCHEDULE C-1 (FEC Form 3X) | | | | Supplementary | for |
| OANS AND LINES OF CREDIT FROM | LENDING INSTITUTION | S | | Information fou Page 9 of | |
| ederal Election Commission, Washington, D.C. 20463 | | | | Page of : | |
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION | |
| NAPA COUNTY REPUB | LICAN PARTY | - | С | 00455 | 659 |
| ENDING INSTITUTION (LENDER) | Amount of Loan | | | Interest Rate | (APR) |
| Full Name | | | | | |
| | | | | t | |
| Mailing Address | Date Incurred or Established | ч | | | |
| | | | | | |
| City State Zip Code | Date Due | | | | |
| A. Has loan been restructured? No Yes | If yes, date originally incurre | ed | ~ | ····· | 1 |
| B. If line of credit, | Total | | | | <u>}</u> |
| Amount of this Draw: | Outstanding Balance: | | | | |
| C. Are other parties secondarily liable for the debt inc No Yes (Endorsers and guarantors | curred? must be reported on Schedule C. | .) | | <u></u> | |
| property, goods, negotiable instruments, cartificates stocks, accounts receivable, cash on deposit or of No Yes If yes, specify: | ther similar traditional collateral? | Does t | he len | der have a perfec | ed securil |
| E. Are any future contributions or future receipts of in | tere broome: pledged as | interest | | | Yes |
| | s, specifi | what is | sine | estimated value? | |
| | | | | | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | | | | | |
| Date account established: | Address: | | | | |
| | City, State, Zip: | | | | 1 |
| F. If neither of the types of collateral described above the loan amount, state the basis upon which this to | was pledged for this loan, or it the ban was made and the basis on w | e amount which it as | pledg ssures | ed does not equa repayment. | or exceed |
| G. COMMITTEE TREASURER | | | | | <u> </u> |
| Typed Name | | × | | | } |
| Signature | | | \backslash | | |
| H. Attach a signed copy of the loan agreement. | | | ` | × | 1 |
| TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions | e terms of the loan and other infor (including interest rate) no more f | lavorable | - | - \ | 1 |
| similar extensions of credit to other borrowers III. This institution is aware of the requirement th complied with the requirements set forth at 1 | at a loan must be made on a bas | sis which | assure Ioan. | es repayment, and | has |
| UTHORIZED REPRESENTATIVE | ······································ | DA | _ | | $\overline{\mathbf{N}}$ |
| Typed Name Signature | Title | _ | | | |
| - | | | = | | |
| | | - | 50 64 | · | Dun como |
| | | г | -0 361 | nedule C-1 (Form 3X | 11776V. UZIZO |

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2017-10-16-03-00177564

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| SCHEDULE D (FEC Form 3X) | (Use separate | PAGE /C | OF 12 |
|--|-------------------------|-------------------------------------|----------------|
| DEBTS AND OBLIGATIONS | schedule(s) for each | FOR LINE NUMBER (check only one) | |
| Excluding Loans | numbered line) | | 10 |
| | | | |
| | | | |
| N. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of L | ebt (Purpose): | |
| | | | |
| Mailing Address | | | |
| City State Zip Ccde | | | |
| Output day Delay a Designing This Design | | | |
| Outstanding Balance Beginning This Period | | | |
| Amount leaves of The David | Outstandi | ng Palanan at Class | This Design |
| Amount incurred The Period Payment This Period | Ouistandi | ng Balance at Close o | nis Period |
| | | | |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | lebt (Purpose): | 1 |
| | | | |
| Mailing Address | | | |
| City State Code | | | |
| | | | |
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period Paymen This Period | Outstandi | ng Balance at Close o | of This Period |
| | | | |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Outstanding Balance Beginning This Period | | <u> </u> | |
| | \backslash | ` | |
| Amount Incurred This Period Payment This Period | Outstandi | ng Balance at Close d | of This Period |
| DEBTS AND OBLIGATIONS xcluding Loans NAME OF COMMITTEE (In Full) MAPA COUNTY TREPUTBLICAN TPART Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Idress City State Outstanding Balance Beginning This Period B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mailing Address City State Outstanding Balance Beginning This Period Amount Incurred The Period Payment This Period Amount Incurred This Period City State Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period Amount Incurred This Period City State Dutstanding Balance Beginning This Period Outstanding Balance Beginning This Period | | \mathbf{X} | |
| | | | |
| 1) SUBTOTALS This Period This Page (optional) | • | | |
| | | \backslash | |
| | | | |
| 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 nace | oniv) > | | |
| | | | <u> </u> |

2017-10-16-03-00177565

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FEC Schedule D (Form 3X) Rev. 02/2003

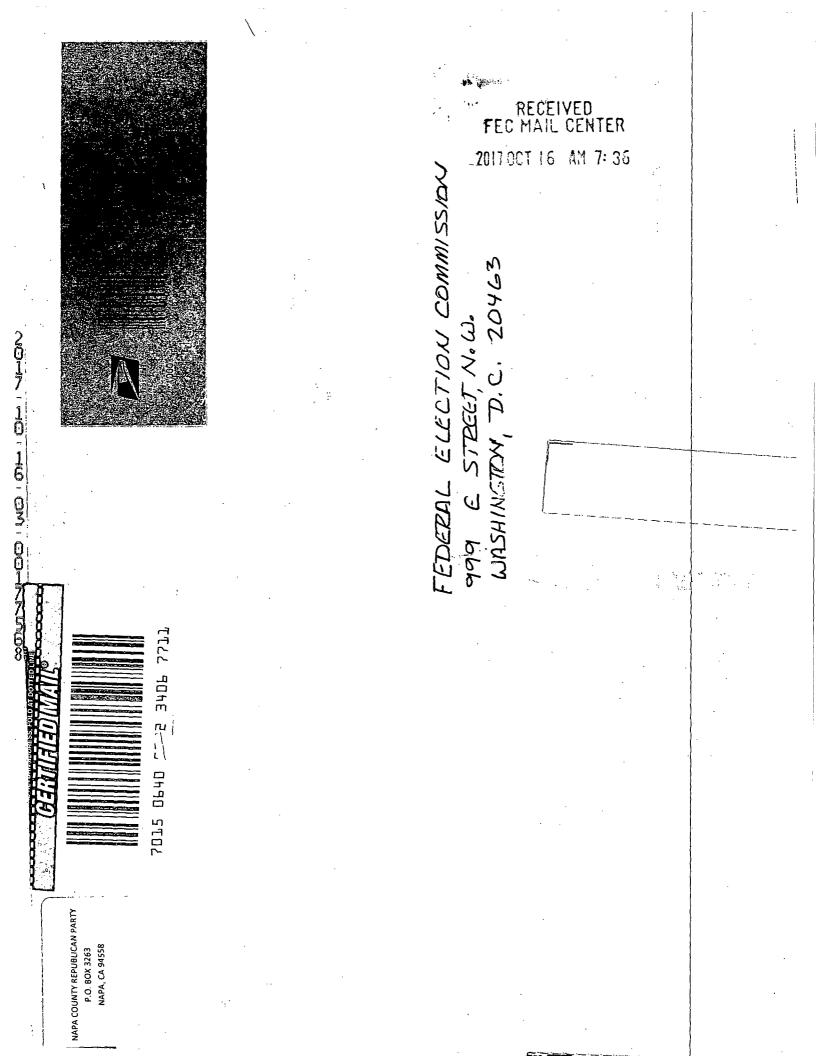
| | | | | FOR LINE 24 | |
|---|--|------------------|-----------------------------------|--|---------------|
| ME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATIO | N NUMBER |
| NAPA COUNTY REPUBLIC | CAN TAR | Γ× | ~ CC | 004 55 | 659 |
| eck if 24-hour report 48-hour report Ne | | | | | • |
| Full Name of Payee | | | Date of Publi | ic Distribution/E | Dissemination |
| | | | | | |
| Mailing Address | | | Amount | | |
| City State | Zip Code | | | | |
| | | | Pate of Dish | ursement or O | bligation |
| Purpose of Expenditure | Category/ Type | | | | - |
| Name of Federal Candidate | Supp | ort | Office Sought: | House r | District: |
| | Oppo | | - President | - | State: |
| Calendar Year-To-Date | | | Disbursement For: | | |
| Per Election for Office Sought | · . | | | pecify) 🕨 | (|
| Full Name of Payee | | | | ic Distribution/I | |
| Mailing Address | | | | | |
| | < | | Arnount | | |
| City State | Zip Code | | | | |
| | | | Date of Dist | oursement or O | bligation |
| Purpose of Expenditure | Category/ | | | · · | - |
| Name of Federal Candidate | Shop | ort | Office Sought: | House I | District: |
| | Oppo | se ! | President | Senate | State: |
| Calendar Year-To-Date | | | Disbursement For: | Primary | Gene |
| Per Election for Office Sought | · · · · | | Other (s | pecify) ► | |
| ····· | | | \backslash | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | > \ | | } |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| | | | | \backslash | { |
| (c) TOTAL Independent Expenditures | ••••••••••••••••••••••••••••••••••••••• | | • | \mathbf{i} | |
| | | | | | |
| Under-penalty-of-perjury-1-certify-that-the-independent-expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent. | ditures_reported_herein norized committee or ac | werer ient of | not-madein-cooperation in the rep | ation,-consultation porting entity is | on, or conce |
| | | | , | | |
| Signature | | Date | | | |
| | | | | | 4 |

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

| N BEHALF OF CANDIDATES FOR FEDERAL OFFICE | | PAGE | PAGE 12 OF 12 | |
|--|------------------------------------|--------------------------|-----------------|--|
| (To be used only by Political | Committees in the G | eneral Election) FOR LI | NE 25 OF FORM 3 | |
| ME OF COMMITTEE (In Full) | | | Check if | |
| NAPA COUNTY REPUBLICA | | | 24-hour notice | |
| | f Subordinate Commit | tee | | |
| yes NO | | | | |
| ES, mame the designating committee: Mailing Addr | ess | | | |
| | | | | |
| City - | | State | ZIP Code | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | |
| | | | | |
| | | | Categor | |
| Mailing Address | | Date | Туре | |
| City State Zip (| Code | | | |
| | | | | |
| Name of Federal Candidate Supported Office Sought. House | | Amount | | |
| Senati Presid | e District: | | ł | |
| Aggregate General Election | | ···· · · | | |
| Expenditure for this Candidate | • | | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | · | |
| | | | | |
| Mailing Address | | | Categor Type | |
| | ` | Date | | |
| City State Zip | Code | | | |
| Name of Federal Candidate Supported Office Sought: House | | Amount | · | |
| Senat | e District | _ | | |
| <u></u> | lential | | . | |
| Aggregate General Election Expenditure for this Candidate ► | | | | |
| Full Name (Last, First, Middle Initial) of Each Payee | | Purpose of Expenditure | | |
| | | N bipose of Experioraire | 1 | |
| | | | | |
| · · | | | Categor | |
| Mailing Address | | Date | | |
| Mailing Address | Code | - | Categor | |
| Mailing Address | | Date | Categor | |
| Mailing Address City State Zip Name of Federal Candidate Supported Office Sought: House Senat | e State: e District: | - | Categor | |
| Mailing Address City State Zip Name of Federal Candidate Supported Office Sought: House Senat Presic | e State: | Date | Categor | |
| Mailing Address City State Zip Name of Federal Candidate Supported Office Sought: House Senat | e State: e District: | Date | Categor | |
| Mailing Address City State Zip Name of Federal Candidate Supported Office Sought: House Senat Presic Aggregate General Election Expenditure for this Candidate ▶ | e State: e District: dential | Date Amount | Categor | |
| Mailing Address City State Zip Name of Federal Candidate Supported Office Sought: House Senat Presic Aggregate General Election Federal Candidate | e State: e District: dential | Date Amount | Categor | |
| Mailing Address City State Zip Name of Federal Candidate Supported Office Sought: House Senat Presic Aggregate General Election Expenditure for this Candidate ▶ | e State: e District: dential | Date Amount | Categor | |



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 Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified 10/10/17 Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** 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): 10/16/17 PREPARER DATE PREPARED (3/2015