

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER 2016 JUL 21 PM 1:05 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Louie Campos for CD 27 1910 E Pershing Ave

ADDRESS (number and street)

Check if different than previously reported. (ACC) Misalia CA 93292

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER

C100607259

3. IS THIS REPORT NEW OR AMENDED

STATE DISTRICT

CA 211

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 MM/DD/YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period 04/01/2016 through 06/30/2016

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

Douglas Kessler

Signature of Treasurer

Date

06/15/2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Louie Campos for CD22

Report Covering the Period: From:

04 ' 01 ' 2016

To:

06 ' 30 ' 2016

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))

594,463

84,190⁰⁰

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

0

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

594,463

84,190⁰⁰

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,902,006

1,820,900

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

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

1,902,006

~~1,820,900~~

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

449,040

372,296

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1902.06	1820.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1902.06	3722.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	448.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5944.63
25. SUBTOTAL (add Line 23 and Line 24).....	6393.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1902.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4491.04

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

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)
Louie Campo for CD 22

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address
14 Arrow St

City
CAMBRIDGE State
MA Zip Code
02138

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
03 25 2016

Amount of Each Receipt this Period
1.00

Memo Item

1.00⁰⁰

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

Mailing Address
14 Arrow St

City
CAMBRIDGE State
MA Zip Code
02138

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
04 22 2016

Amount of Each Receipt this Period
2.10

Memo Item

3.10

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

Mailing Address
14 Arrow St

City
CAMBRIDGE State
MA Zip Code
02138

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
05 12 2016

Amount of Each Receipt this Period
1.60

Memo Item

4.70

SUBTOTAL of Receipts This Page (optional) ▶

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

2016-07-21 10:00:00 AM

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

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NAME OF COMMITTEE (In Full)
Louie Campos for CD 22

Full Name (Last, First, Middle Initial) Act Blue		Date of Receipt 06 22 2016
Mailing Address 14 Arrow St.		Amount of Each Receipt this Period 4325.63
City Cambridge	State Zip Code MA 02138	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 4795063	

Full Name (Last, First, Middle Initial) Moheno Victor		Date of Receipt 4/24/16
Mailing Address PO Box		Amount of Each Receipt this Period 100.00
City Visalia	State Zip Code CA 93217	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer	Occupation ATTY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Mc Nath KEUT J		Date of Receipt 4/27/16
Mailing Address 4807 W Concord		Amount of Each Receipt this Period 100
City Visalia	State Zip Code CA 93217	
FEC ID number of contributing federal political committee. C		Memo Item
Name of Employer Retired	Occupation Teacher	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	5944.63

20160621 10:00:00 AM

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

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Altschulz Joseph

Mailing Address
2115 Tommy Ct

City **Visalia** State **CA** Zip Code **93**

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

Name of Employer **Self Employed** Occupation **Atty**

Receipt For:
 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
05 25 2016

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address
4807 Concord

City **Visalia** State **CA** Zip Code **93277**

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

Name of Employer **Retired** Occupation

Receipt For:
 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
05 25 2016

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)
~~Dorot~~ **Dorothy**

Mailing Address
2320 Beech

City **Visalia** State **CA** Zip Code **93292**

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

Name of Employer **Retired** Occupation

Receipt For:
 Primary General Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
05 27 2016

Amount of Each Receipt this Period
100.00

Memo Item

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

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

20160525 10:11:00 AM

ITEMIZED DISBURSEMENTS

B

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

(check only one)

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

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NAME OF COMMITTEE (In Full)

Louie Campos for CD 22

Full Name (Last, First, Middle Initial)

A. Campos Louie

Mailing Address

1910 E Pershing Ave

City

Visalia

State

CA

Zip Code

93292

Purpose of Disbursement

Reimbursement Camp. Events

Candidate Name

007
Category/
Type

Date of Disbursement

06/08/2016

Amount of Each Disbursement this Period

60.15

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CA

District: 21

Full Name (Last, First, Middle Initial)

B. Campos Louie

Mailing Address

1910 E Pershing Ave

City

Visalia

State

CA

Zip Code

93292

Purpose of Disbursement

Printing

Candidate Name

006
Category/
Type

Date of Disbursement

05/16/2016

Amount of Each Disbursement this Period

142.34

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Campos Louie

Mailing Address

1910 E Pershing Ave

City

Visalia

State

CA

Zip Code

93292

Purpose of Disbursement

Printing

Candidate Name

006
Category/
Type

Date of Disbursement

06/10/2016

Amount of Each Disbursement this Period

185.68

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

20160608 10:10:10 AM

ITEMIZED DISBURSEMENTS Form B

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

(check only one)

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

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NAME OF COMMITTEE (In Full)
Louie Campos for CD22

A. CAMPOS Louie
 Mailing Address: **1910 E Pershing Ave**
 City: **Visalia** State: **CA** Zip Code: **93272**
 Purpose of Disbursement: **Printing**
 Candidate Name: _____ Category/Type: **106**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: **CA** District: **21**

Date of Disbursement: **06/08/2013**
 Amount of Each Disbursement this Period: **43.83**
 Memo Item: _____

B. CAMPOS Louie
 Mailing Address: **1910 E Pershing Ave**
 City: **Visalia** State: **CA** Zip Code: **93272**
 Purpose of Disbursement: _____
 Candidate Name: _____ Category/Type: **002**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: **CA** District: **21**

Date of Disbursement: **06/13/2016**
 Amount of Each Disbursement this Period: **213.01**
 Memo Item: _____

C. Act Blue
 Mailing Address: **14 Arrow St**
 City: **Cambidge** State: **MA** Zip Code: **02138**
 Purpose of Disbursement: _____
 Candidate Name: _____ Category/Type: **001**
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: **CA** District: **21**

Date of Disbursement: **06/19/2016**
 Amount of Each Disbursement this Period: **67.20**
 Memo Item: _____

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

20160707 11:00 AM

FE6AN023

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2016 JUL 21 PM 1:14



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EL270028434US

PRIORITY MAIL EXPRESS



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

PHONE 559-232-4022

Louise Campos for CA 6022
1910 E Pershing Ave
Visalia, Ca 93292

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD services; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
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- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE 202-694-1106

FEC
999 E St NW
WASHINGTON DC

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

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<input checked="" type="checkbox"/> Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 93706	Scheduled Delivery Date (MM/DD/YY) 7/21	Postage \$ 22.95	Insurance Fee \$
Date Accepted (MM/DD/YY) 7/20	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Return Receipt Fee \$	Live Animal Transportation Fee \$
Time Accepted 11:21 AM	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 22.95	
Weight 1.4 lbs.	Acceptance Employee Initials [Signature]		
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YY) Time [Signature]	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY) Time [Signature]	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

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