

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

NESTANDE FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. **FEC IDENTIFICATION NUMBER** ▼

C C00543660

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CA

36

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 06 / 03 / 2014 in the State of CA

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 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 David Bauer

Signature of Treasurer David Bauer

[Electronically Filed]

Date

05 / 20 / 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								
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 83

Write or Type Committee Name

NESTANDE FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

	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))....	89908.09	686163.32
(b) Total Contribution Refunds (from Line 20(d))	2000.00	2250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	87908.09	683913.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	174430.40	448168.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	474.72
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	174430.40	447693.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	236119.56	
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).....	1162.80	

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

NESTANDE 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).....	72838.09	581808.89
(ii) Unitemized.....	3570.00	32016.50
(iii) TOTAL of contributions from individuals ▶	76408.09	613825.39
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	72337.93
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	89908.09	686163.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	474.72
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)..... ▶	89908.09	686638.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	174430.40	448168.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2000.00	2250.00
(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)).....	2000.00	2250.00
21. OTHER DISBURSEMENTS	100.00	100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	176530.40	450518.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	322741.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	89908.09
25. SUBTOTAL (add Line 23 and Line 24).....	412649.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	176530.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	236119.56

**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 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Fred Lisanti

Mailing Address 61216 Topaz Drive

City La Quinta State CA Zip Code 92253

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

Name of Employer Retired Occupation Police Captain

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2014

Transaction ID : INCA1485

Amount of Each Receipt this Period
 500.00

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

Mailing Address 10 Canyon Creek

City Rancho Mirage State CA Zip Code 92270

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

Name of Employer None Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 08 / 2014

Transaction ID : INCA1495

Amount of Each Receipt this Period
 500.00

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

Mailing Address 77300 MEDICINE BOW CIR.

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer SELF - BOBBIE BOZICK Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 10 / 2014

Transaction ID : INCA1507

Amount of Each Receipt this Period
 2600.00

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

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

3600.00

**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 6 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MICHAEL BOZICK

Mailing Address 77330 MEDICINE BOW CIR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
RICHARD BAGDASARIAN, INC. PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : INCA1508

Amount of Each Receipt this Period
1600.00

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

Mailing Address 62450 CHIRIACO RD.

City State Zip Code
CHIRIACO SUMMIT CA 92201

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

Name of Employer Occupation
JOSEPH L. CHIRIACO INC. PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : INCA1506

Amount of Each Receipt this Period
300.00

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

Mailing Address 6 CYPRESS POINT LN.

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : INCA1510

Amount of Each Receipt this Period
2600.00

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

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

4500.00

**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 83
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) DAVID STEFFY		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2014	
Mailing Address 6 CYPRESS POINT LN.		Transaction ID : INCA1511	
City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period _____ 2600.00
FEC ID number of contributing federal political committee.		C	
Name of Employer N/A	Occupation NOT EMPLOYED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		

Full Name (Last, First, Middle Initial) WILLIAM BONE		Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2014	
Mailing Address 300 EAGLE DANCE CIR.		Transaction ID : NONA1644	
City PALM DESERT	State CA	Zip Code 92211	Amount of Each Receipt this Period _____ 1288.09 FUNDRAISING EVENT
FEC ID number of contributing federal political committee.		C	
Name of Employer SUNDANCE DEVELOPMENT	Occupation CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1288.09		

Full Name (Last, First, Middle Initial) Herbert Temple, Jr.		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2014	
Mailing Address 38592 Nasturtium Way		Transaction ID : INCA1518	
City Palm Desert	State CA	Zip Code 92211	Amount of Each Receipt this Period _____ 50.00
FEC ID number of contributing federal political committee.		C	
Name of Employer U.S. Army	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 3938.09
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 8 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUSAN HOYT

Mailing Address 1810 AVENIDA DEL MUNDO #704

City State Zip Code
CORONADO CA 92118

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

Name of Employer Occupation
BEST EFFORTS LETTER SENT 4/14/14 BEST EFFORTS LETTER SENT 4/14/14

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : INCA1522

Amount of Each Receipt this Period
500.00

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

Mailing Address 17970 W. HOBSONWAY

City State Zip Code
BLYTHE CA 92225

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

Name of Employer Occupation
BB TRAVEL CENTER 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
04 / 14 / 2014

Transaction ID : INCA1523

Amount of Each Receipt this Period
500.00

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

Mailing Address P. O. BOX 127

City State Zip Code
RIVERSIDE CA 92502

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

Name of Employer Occupation
YEAGER BROTHERS ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 14 / 2014

Transaction ID : INCA1525

Amount of Each Receipt this Period
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: (check only one)	PAGE 9 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROBERT BIANCO

Mailing Address 75943 VIA CORTONA

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
ANTHONY VINEYARDS FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : INCA1535

Amount of Each Receipt this Period
1000.00

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

Mailing Address 125 E. VICTORIA ST. #L

City State Zip Code
SANTA BARBARA CA 93101

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : INCA1536

Amount of Each Receipt this Period
250.00

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

Mailing Address 37791 JALPER LAKE DR.

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : INCA1538

Amount of Each Receipt this Period
2000.00

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 10 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BOB HEMBORG

Mailing Address 1900 HAMNER AVE.

City NORCO State CA Zip Code 92860

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

Name of Employer HEMBORG FORD Occupation AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : INCA1533

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3013 PIETRO DR.

City HACIENDA HEIGHTS State CA Zip Code 91745

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

Name of Employer JIM HICKS & CO Occupation 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
 04 / 16 / 2014

Transaction ID : INCA1537

Amount of Each Receipt this Period
500.00

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

Mailing Address P. O. BOX 7250

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer THE RINKER CO. Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 16 / 2014

Transaction ID : INCA1539

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARY SILVER

Mailing Address 47805 VINTAGE DR. E

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : INCA1534

Amount of Each Receipt this Period
500.00

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

Mailing Address 80703 AVENUE 49

City State Zip Code
INDIO CA 92201

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

Name of Employer Occupation
SUNRISE CO DEVELOPER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : INCA1543

Amount of Each Receipt this Period
1000.00

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

Mailing Address 76207 VIA CHIANTIA

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : INCA1540

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 12 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DEBORAH WILLIAMS

Mailing Address 3805 FENCHURCH RD.

City State Zip Code
BALTIMORE MD 21218

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

Name of Employer Occupation
GENENTECH MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 21 / 2014

Transaction ID : INCA1551

Amount of Each Receipt this Period
 500.00

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

Mailing Address P. O. BOX 1850

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1571

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 45525 NAVAJO RD.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
BEST BEST & KRIEGER ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1564

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

**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 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCOTT FREE

Mailing Address 1570 LINDA VISTA DR.

City SAN MARCOS State CA Zip Code 92078

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

Name of Employer LUSARDI CONSTRUCTION Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1563

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 47417 MEDINA DR. W.

City PALM DESERT State CA Zip Code 92260

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1561

Amount of Each Receipt this Period
 100.00

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

Mailing Address 74-716 CASSANDRA CT.

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1573

Amount of Each Receipt this Period
 500.00

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

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

1600.00

**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 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES PASARELL JR

Mailing Address 45210 CLUB DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
PASARELL ENTERPRISES OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1557

Amount of Each Receipt this Period
1000.00

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

Mailing Address 77340 BLACK MOUNTAIN TRAIL

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1562

Amount of Each Receipt this Period
500.00

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

Mailing Address 7300 LOMA VISTA LN.

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
IZU & BERGMANN 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
 04 / 22 / 2014

Transaction ID : INCA1569

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BARBARA RESMO

Mailing Address 912 ANDREAS CANYON DR.

City PALM DESERT State CA Zip Code 92260

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1566

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 76137 VIA AREZZO

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : INCA1565

Amount of Each Receipt this Period
 500.00

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

Mailing Address 40705 E. THUNDERBIRD TERR.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer MORGANSTANLEY Occupation FINANCIAL ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : INCA1579

Amount of Each Receipt this Period
 250.00

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

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

1750.00

**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 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK NICKERSON

Mailing Address 86705 AVE 54 STE A

City State Zip Code
COACHELLA CA 92236

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

Name of Employer Occupation
PRIME TIME INT'L AGRICULTURE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : INCA1581

Amount of Each Receipt this Period
800.00

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

Mailing Address 40705 E. THUNDERBIRD TER.

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
MORGANSTANLEY VICE PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : INCA1578

Amount of Each Receipt this Period
250.00

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

Mailing Address 46930 W EL DORADO DR.

City State Zip Code
Palm Desert CA 92260

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

Name of Employer Occupation
N/A NONE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : INCA1633

Amount of Each Receipt this Period
1000.00

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

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

2050.00

**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 83
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) Dana Fisher Jr		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2014
Mailing Address 14530 S Commercial St		Transaction ID : INCA1591
City Blythe	State CA	
Zip Code 92225		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fisher Ranch Corp.	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Russell Davis		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 45025 Manitou Dr., Suite 15		Transaction ID : INCA1603
City Indian Wells	State CA	
Zip Code 92210		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Steven Ginex		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 77685 Justin Ct		Transaction ID : INCA1601
City Palm Desert	State CA	
Zip Code 92211		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Podiatrist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 18 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JENSEN & JENSEN ATTORNEYS

Mailing Address 1514 H ST.

City State Zip Code
MODESTO CA 95354

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

Name of Employer Occupation
PARTNERSHIP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : INCA1602

Amount of Each Receipt this Period
250.00

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

Mailing Address 45303 VIA ESTANCIA

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
SUNRISE CO. VICE PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : INCA1605

Amount of Each Receipt this Period
1000.00

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

Mailing Address 7955 E. Chaparral Unit 4

City State Zip Code
Scottsdale AZ 85250

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : INCA1593

Amount of Each Receipt this Period
100.00

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

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

1350.00

**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 19 OF 83
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Howard Groff

Mailing Address 9832 Calvin Avenue

City Northridge State CA Zip Code 91324

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

Name of Employer Northwest Excavating Co Inc Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : INCA1610

Amount of Each Receipt this Period
2600.00

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

Mailing Address 9832 Calvin Avenue

City Northridge State CA Zip Code 91324

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

Name of Employer Northwest Excavating Co Inc Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : INCA1614

Amount of Each Receipt this Period
2600.00

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

Mailing Address 9832 CALVIN AVE.

City NORTHRIDGE State CA Zip Code 91324

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

Name of Employer NORTHWEST EXCAVATING Occupation PRES.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : INCA1612

Amount of Each Receipt this Period
2600.00

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

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

7800.00

**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 20 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JAMES BROYLES

Mailing Address 128 VIA YELLA

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
WERNER CORP. CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : INCA1622

Amount of Each Receipt this Period
400.00

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

Mailing Address 128 VIA YELLA

City State Zip Code
NEWPORT BEACH CA 92663

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

Name of Employer Occupation
WERNER CORP. CONSTRUCTION

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : INCA1621

Amount of Each Receipt this Period
600.00

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

Mailing Address 78731 IRON BARK DR.

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer Occupation
N/A NOT EMPLOYED

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 / 01 / 2014

Transaction ID : INCA1623

Amount of Each Receipt this Period
200.00

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

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

1200.00

**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 21 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DONALD EZZELL

Mailing Address 74160 QUAIL LAKES DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
DALLAS ENERGY GROUP EXECUTIVE

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 / 01 / 2014

Transaction ID : INCA1628

Amount of Each Receipt this Period
500.00

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

Mailing Address 86740 INDUSTRIAL WAY

City State Zip Code
COACHELLA CA 92236

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : INCA1630

Amount of Each Receipt this Period
1000.00

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

Mailing Address 78925 MISSION DR. W

City State Zip Code
LA QUINTA CA 92253

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

Name of Employer Occupation
N/A NOT EMPLOYED

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 / 01 / 2014

Transaction ID : INCA1625

Amount of Each Receipt this Period
300.00

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

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

1800.00

**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 22 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAYMOND MOORE

Mailing Address **P. O. BOX 4756**

City **PALM DESERT** State **CA** Zip Code **92261**

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

Name of Employer **GLEDHOW CONSULTING** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : INCA1619

Amount of Each Receipt this Period
1000.00

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

Mailing Address **26187 OLSEN VIEW CT.**

City **HEMET** State **CA** Zip Code **92544**

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

Name of Employer **CURRY COPY CENTER** 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 / 01 / 2014

Transaction ID : INCA1629

Amount of Each Receipt this Period
100.00

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

Mailing Address **38305 N. JEFFERSON ST.**

City **INDIO** State **CA** Zip Code **92203**

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

Name of Employer **GREG YOUNG** Occupation **FARMER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 01 / 2014

Transaction ID : INCA1620

Amount of Each Receipt this Period
1000.00

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

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

2100.00

**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 23 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUBERT HUDSON

Mailing Address 260 Oak Hill

City: Watsonville State: CA Zip Code: 95076

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

Name of Employer: None Occupation: retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 02 / 2014

Transaction ID : INCA1646

Amount of Each Receipt this Period: 250.00

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

Mailing Address 104 Via Bella

City: Rancho Mirage State: CA Zip Code: 92270

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

Name of Employer: N/A Occupation: Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 05 / 04 / 2014

Transaction ID : INCA1672

Amount of Each Receipt this Period: 100.00

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

Mailing Address 77310 COYOTE CREEK PATH

City: INDIAN WELLS State: CA Zip Code: 92210

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

Name of Employer: RICHARD G. BYRD MD Occupation: OFFICE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 05 / 2014

Transaction ID : INCA1677

Amount of Each Receipt this Period: 500.00

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

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

850.00

**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 24 OF 83
	<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)
NESTANDE FOR CONGRESS

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

Mailing Address 26901 Agoura Road

City AGOURA State CA Zip Code 91301

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

Name of Employer self Occupation developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA1674

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3824 CEDAR SPRINGS RD. #241

City DALLAS State TX Zip Code 75219

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : INCA1678

Amount of Each Receipt this Period
 500.00

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

Mailing Address 320 E. HOBSONWAY

City BLYTHE State CA Zip Code 92225

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

Name of Employer SELF Occupation DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : INCA1681

Amount of Each Receipt this Period
 500.00

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

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

2000.00

**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 25 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JANET MORGAN

Mailing Address 1271 N. EUCALYPTUS

City BLYTHE State CA Zip Code 92225

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : INCA1680

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1570 LINDA VISTA DR.

City SAN MARCOS State CA Zip Code 92078

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

Name of Employer LUSARDI CONSTRUCTION Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : INCA1685

Amount of Each Receipt this Period
 250.00

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

Mailing Address 10573 W. PICO BLVD 853

City LOS ANGELES State CA Zip Code 90064

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

Name of Employer BINGHAM CONSULTING Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : INCA1690

Amount of Each Receipt this Period
 500.00

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

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

1000.00

**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 26 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DUANE YOUNG

Mailing Address 41-480 YUCCA LN.

City State Zip Code
BERMUDA DUNES CA 92203

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

Name of Employer Occupation
COCOPAH NURSERY FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : INCA1688

Amount of Each Receipt this Period
500.00

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

Mailing Address 81880 ARUS AVE.

City State Zip Code
Indio CA 92201

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

Name of Employer Occupation
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 07 / 2014

Transaction ID : INCA1686

Amount of Each Receipt this Period
500.00

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

Mailing Address 35900 BOB HOPE DR. 275

City State Zip Code
RANCHO MIRAGE CA 92270

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

Name of Employer Occupation
SELF DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : INCA1692

Amount of Each Receipt this Period
1000.00

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

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

2000.00

**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 27 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREDERICK HITCHCOCK

Mailing Address 9101 ALTA DR I-1204

City LAS VEGAS State NV Zip Code 89145

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

Name of Employer HITCHCOCK AUTOMTIVE Occupation AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : INCA1704

Amount of Each Receipt this Period
 _____ 2600.00

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

Mailing Address 1900 AVE. OF THE STARS #400

City LOS ANGELES State CA Zip Code 90067

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

Name of Employer REDPOINT VENTURES Occupation VENTURE CAPITALIST

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 / 12 / 2014

Transaction ID : INCA1733

Amount of Each Receipt this Period
 _____ 2500.00

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

Mailing Address 4100 CALLE ISABELLA

City SAN CLEMENTE State CA Zip Code 92672

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : INCA1724

Amount of Each Receipt this Period
 _____ 1000.00

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

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

_____ 6100.00

**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 28 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEVIN KNEE

Mailing Address 47280 W. EL DORADO DR.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
GUTHY-RENKER VICE CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : INCA1716

Amount of Each Receipt this Period
1000.00

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

Mailing Address 211 LA PAZ WAY

City State Zip Code
Palm Desert CA 92260

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

Name of Employer Occupation
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : INCA1722

Amount of Each Receipt this Period
500.00

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

Mailing Address 550 palisades drive

City State Zip Code
palm springs CA 92262

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

Name of Employer Occupation
not employed housewife

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 / 13 / 2014

Transaction ID : INCA1728

Amount of Each Receipt this Period
2600.00

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

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

4100.00

**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 29 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
harold meyerman

Mailing Address 550 palisades drive

City State Zip Code
palm springs CA 92262

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

Name of Employer Occupation
JPM Chase retired investm. banker

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 / 13 / 2014

Transaction ID : INCA1726

Amount of Each Receipt this Period
2600.00

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

Mailing Address Po box 1658

City State Zip Code
La Quinta CA 92247

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

Name of Employer Occupation
N/a N/a

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 / 13 / 2014

Transaction ID : INCA1719

Amount of Each Receipt this Period
500.00

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

Mailing Address 52575

City State Zip Code
LA QUINTA CA 92253

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 / 13 / 2014

Transaction ID : INCA1712

Amount of Each Receipt this Period
500.00

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

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

3600.00

**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 30 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
sharon baldwin

Mailing Address 80775 via [ortofino]

City La Quinta State CA Zip Code 92253

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

Name of Employer SELF 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 / 14 / 2014

Transaction ID : INCA1732

Amount of Each Receipt this Period
 250.00

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

Mailing Address 45660 PASEO CORONADO

City INDIAN WELLS State CA Zip Code 92210

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1778

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 78731 IRON BARK DR.

City PALM DESERT State CA Zip Code 92211

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

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1739

Amount of Each Receipt this Period
 50.00

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 31 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SARAH FEDDERLY

Mailing Address 50020 VIA PUENTE

City LA QUINTA State CA Zip Code 92253

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

Name of Employer FEDDERLY & ASSOC. Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1736

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 10 STERLING PL.

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer HASA INC. Occupation CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1746

Amount of Each Receipt this Period
 250.00

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

Mailing Address P. O. BOX 911

City RANCHO MIRAGE State CA Zip Code 92270

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

Name of Employer COLLEGE OF THE DESERT Occupation EDUCATOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1745

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 32 OF 83
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JANICE OLIPHANT

Mailing Address 45-500 NAVAJO RD.

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

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 / 14 / 2014

Transaction ID : INCA1749

Amount of Each Receipt this Period
500.00

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

Mailing Address 78440 SUNRISE MOUNTAIN VIEW

City State Zip Code
PALM DESERT CA 92211

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
875.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1730

Amount of Each Receipt this Period
500.00

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

Mailing Address 71800 JAGUAR WAY

City State Zip Code
PALM DESERT CA 92260

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

Name of Employer Occupation
N/A NOT EMPLOYED

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 / 14 / 2014

Transaction ID : INCA1735

Amount of Each Receipt this Period
100.00

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

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

1100.00

**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 33 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CATHY SMITH

Mailing Address 76137 VIA AREZZO

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1750

Amount of Each Receipt this Period
500.00

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

Mailing Address 45695 SUGARLOAF MOUNTAIN TRL

City State Zip Code
INDIAN WELLS CA 92210

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

Name of Employer Occupation
N/A NOT EMPLOYED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : INCA1751

Amount of Each Receipt this Period
1000.00

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).....

1500.00

72838.09

**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 34 OF 83
	<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)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ROAD TO FREEDOM PAC

Mailing Address 228 S. WASHINGTON ST. #115

City: ALEXANDRIA State: VA Zip Code: 22314

FEC ID number of contributing federal political committee: **C** C00486043

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **04 / 03 / 2014**

Transaction ID : INCA1431

Amount of Each Receipt this Period: **2500.00**

Amount of Each Receipt this Period: **5000.00**

B. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL PAC

Mailing Address 1111 14TH ST. NW #1100

City: WASHINGTON State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C** C00000729

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **05 / 05 / 2014**

Transaction ID : INCA1676

Amount of Each Receipt this Period: **2500.00**

Amount of Each Receipt this Period: **2500.00**

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOC. O HOME BUILDERS PAC (BUILD PAC)

Mailing Address 1201 15TH ST. NW

City: WASHINGTON State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C** C00000901

Name of Employer: _____ Occupation: _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date: _____

Date of Receipt: **05 / 05 / 2014**

Transaction ID : INCA1675

Amount of Each Receipt this Period: **1000.00**

Amount of Each Receipt this Period: **1000.00**

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

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

6000.00

6000.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 35 OF 83

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST. N.E.

City State Zip Code
 WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00235655

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 / 14 / 2014

Transaction ID : INCA1776

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
 DEALERS ELECTION ACTION COMMITTEE OF THE NAT'L AUTOMOBILE DEALERS ASSOC.

Mailing Address 412 FIRST ST. SE

City State Zip Code
 WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00040998

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 / 14 / 2014

Transaction ID : INCA1747

Amount of Each Receipt this Period
 2500.00

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).....

7500.00

13500.00

**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 36 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 893.55 Transaction ID : EXPB1330
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	Category/ Type 001
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. CAPITAL CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 38 EXECUTIVE PARK #390		Amount of Each Disbursement this Period 5000.00 Transaction ID : EXPB1329
City IRVINE	State CA	
Zip Code 92614	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 003
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) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 668.17 Transaction ID : EXPB1361
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	6561.72
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 37 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REVOLVIS CONSULTING, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 7185 NAVAJO RD. #P		Amount of Each Disbursement this Period 2500.00 Transaction ID : EXPB1364
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001
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. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 28.19 Transaction ID : EXPB1376
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Category/ Type 001
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) C. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 400.00 Transaction ID : EXPB1386
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement FUNDRAISING EXPENSES	Category/ Type 003
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:	

SUBTOTAL of Disbursements This Page (optional).....	2928.19
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 38 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 20.00 Transaction ID : EXPB1388
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement MEETING	Category/ Type 001
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. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 19.77 Transaction ID : EXPB1393
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Category/ Type 001
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) C. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 33.92 Transaction ID : EXPB1384
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	73.69
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 39 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 28.00
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement FOOD FOR VOLUNTEERS	Transaction ID : EXPB1390
Candidate Name	Category/Type 001	
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. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 37.73
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Transaction ID : EXPB1382
Candidate Name	Category/Type 001	
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) C. WAL MART		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 34500 MONTEREY AVE.		Amount of Each Disbursement this Period 37.73
City Palm Desert	State CA	
Zip Code 92211	Purpose of Disbursement SUPPLIES	Transaction ID : PDTB34EXPB1382
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	65.73
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 40 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 361.23 Transaction ID : EXPB1380
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Category/ Type 001
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. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 15.39 Transaction ID : EXPB1378
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Category/ Type 001
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) C. SOUTHERN CALIF. EDISON		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 2244 WALNUT GROVE AVENUE		Amount of Each Disbursement this Period 334.84 Transaction ID : EXPB1480
City ROSEMEAD	State CA	
Zip Code 91770	Purpose of Disbursement UTILITIES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	361.23
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 41 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GREG WALLIS			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 300 S. HIGHLAND SPRINGS AVE			Amount of Each Disbursement this Period 83.37	
City BANNING	State CA	Zip Code 92220	Transaction ID : EXPB1478	
Purpose of Disbursement SUPPLIES		Category/ Type 001		
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. ROC'S FIREHOUSE GRILLE			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 73405 EL PASEO			Amount of Each Disbursement this Period 55.25	
City PALM DESERT	State CA	Zip Code 92660	Transaction ID : PDTB39EXPB1478	
Purpose of Disbursement FOOD FOR VOLUNTEERS		Category/ Type 001		
Candidate Name			[MEMO ITEM]	
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) C. GREG WALLIS			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 300 S. HIGHLAND SPRINGS AVE			Amount of Each Disbursement this Period 108.58	
City BANNING	State CA	Zip Code 92220	Transaction ID : EXPB1476	
Purpose of Disbursement SUPPLIES		Category/ Type 001		
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	191.95
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 42 OF 83	
	<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)
NESTANDE FOR CONGRESS

A. LOWE'S

Full Name (Last, First, Middle Initial)
Mailing Address 35900 MONTEREY AVE.

City PALM DESERT State CA Zip Code 92260

Purpose of Disbursement SUPPLIES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 51.58

Transaction ID : PDTB36EXPB1476

[MEMO ITEM]

B. ROC'S FIREHOUSE GRILLE

Full Name (Last, First, Middle Initial)
Mailing Address 73405 EL PASEO

City PALM DESERT State CA Zip Code 92660

Purpose of Disbursement FOOD FOR VOLUNTEERS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 57.00

Transaction ID : PDTB38EXPB1476

[MEMO ITEM]

C. GREG WALLIS

Full Name (Last, First, Middle Initial)
Mailing Address 300 S. HIGHLAND SPRINGS AVE

City BANNING State CA Zip Code 92220

Purpose of Disbursement SUPPLIES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 04 / 2014

Amount of Each Disbursement this Period: 151.12

Transaction ID : EXPB1474

SUBTOTAL of Disbursements This Page (optional) 151.12

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 43 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HOME DEPOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 79900 HWY 111		Amount of Each Disbursement this Period 35.58
City LA QUINTA State CA Zip Code 92253	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : PDTB35EXPB1474 [MEMO ITEM]
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. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 72-811 HWY 111		Amount of Each Disbursement this Period 115.54
City PALM DESERT State CA Zip Code 92260	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : PDTB37EXPB1474 [MEMO ITEM]
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) C. GREG WALLIS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 300 S. HIGHLAND SPRINGS AVE		Amount of Each Disbursement this Period 4176.46
City BANNING State CA Zip Code 92220	Purpose of Disbursement CAMPAIGN CONSULTING, MILEAGE 001 Category/Type	
Candidate Name		Transaction ID : EXPB1470
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:		

SUBTOTAL of Disbursements This Page (optional).....	4176.46
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 44 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID BAUER		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 871.70 Transaction ID : EXPB1486
City SACRAMENTO	State CA	
Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC.	Category/ Type 001
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. PROBOLSKY RESEARCH LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 3990 WESTERLY PL. #185		Amount of Each Disbursement this Period 7200.00 Transaction ID : EXPB1489
City NEWPORT BEACH	State CA	
Zip Code 92660	Purpose of Disbursement POLLING	Category/ Type 005
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) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 916.72 Transaction ID : EXPB1493
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement MERCHANT FEE	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	8988.42
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 45 OF 83	
	<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)
NESTANDE FOR CONGRESS

A. THE LAMAR COMPANIES

Full Name (Last, First, Middle Initial)
Mailing Address 24541 REDLANDS BLVD.

City LOMA LINDA State CA Zip Code 92354

Purpose of Disbursement SIGNS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 08 / 2014

Amount of Each Disbursement this Period: 2100.00

Transaction ID : EXPB1498

Category/Type: 004

B. WILLIAM BONE

Full Name (Last, First, Middle Initial)
Mailing Address 300 EAGLE DANCE CIR.

City PALM DESERT State CA Zip Code 92211

Purpose of Disbursement FUNDRAISING EVENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 11 / 2014

Amount of Each Disbursement this Period: 1288.09

Transaction ID : NONB1644

Category/Type:

C. AT&T

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 5025

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement PHONE SVC.

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 14 / 2014

Amount of Each Disbursement this Period: 218.14

Transaction ID : EXPB1521

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 3606.23

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 46 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BELL, MCANDREWS & HILTACHK			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 455 CAPITOL MALL #600			Amount of Each Disbursement this Period 920.55	
City SACRAMENTO	State CA	Zip Code 95814	Transaction ID : EXPB1520	
Purpose of Disbursement LEGAL FEES		Category/ Type 001		
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. EFUNDRAISING CONNECTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 317.75	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB1526	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
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) C. LELAND HYER			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014	
Mailing Address 450 TERRY LN.			Amount of Each Disbursement this Period 2400.00	
City HEMET	State CA	Zip Code 92544	Transaction ID : EXPB1527	
Purpose of Disbursement CAMPAIGN STAFF		Category/ Type 001		
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: _____			

SUBTOTAL of Disbursements This Page (optional).....	3638.30
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 47 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DEVIN FERRIS		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 35570 BILLIE ANN RD.		Amount of Each Disbursement this Period 500.00 Transaction ID : EXPB1531
City HEMET	State CA	
Zip Code 92595	Purpose of Disbursement CANVASSING	Category/ Type 001
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. JEFF HUTCHINSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 33911 PLOWSHARE RD.		Amount of Each Disbursement this Period 100.00 Transaction ID : EXPB1530
City WILDOMAR	State CA	
Zip Code 92545	Purpose of Disbursement CANVASSING	Category/ Type 001
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) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address BOX 0001		Amount of Each Disbursement this Period 14772.48 Transaction ID : EXPB1546
City Los Angeles	State CA	
Zip Code 90096	Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	15372.48
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 48 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ISLAND HOTEL		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 690 NEWPORT CENTER DR.		Amount of Each Disbursement this Period 002 104.63 Transaction ID : EDTB168EXPB1546 [MEMO ITEM]
City NEWPORT BEACH	State CA	
Zip Code 92660	Purpose of Disbursement LODGING	
Candidate Name	Category/ Type	
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. AOL LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 22020 BRODERICK DR.		Amount of Each Disbursement this Period 001 28.99 Transaction ID : EDTB151EXPB1546 [MEMO ITEM]
City DULLES	State VA	
Zip Code 20166	Purpose of Disbursement INTERNET SVC.	
Candidate Name	Category/ Type	
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) C. HYATT REGENCY		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1203 L ST.		Amount of Each Disbursement this Period 002 72.93 Transaction ID : EDTB171EXPB1546 [MEMO ITEM]
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement LODGING	
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 49 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RESIDENCE INN		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1121 15TH ST.		Amount of Each Disbursement this Period 9.41
City Sacramento	State CA Zip Code 95814	
Purpose of Disbursement LODGING	Category/Type 002	Transaction ID : EDTB169EXPB1546 [MEMO ITEM]
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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address P. O. BOX 9622		Amount of Each Disbursement this Period 550.00
City MISSION HILLS	State CA Zip Code 91346	
Purpose of Disbursement PHONE SVC.	Category/Type 001	Transaction ID : EDTB170EXPB1546 [MEMO ITEM]
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) C. FEDEX KINKO'S		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 72795 HWY 111		Amount of Each Disbursement this Period 9.41
City PALM DESERT	State CA Zip Code 92260	
Purpose of Disbursement COMPUTER RENT	Category/Type 001	Transaction ID : EDTB172EXPB1546 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 50 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WESTERNAIR		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address ONTARIO AIRPORT		Amount of Each Disbursement this Period 1540.00
City ONTARIO State CA Zip Code 92170	Purpose of Disbursement AIRFARE Candidate Name Category/Type 002	
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:	Transaction ID : EDTB158EXPB1546 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. BURGERS & BEER		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 79815 HWW 111 #101		Amount of Each Disbursement this Period 2830.00
City LA QUINTA State CA Zip Code 92253	Purpose of Disbursement FUNDRAISING EVENT Candidate Name Category/Type 003	
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:	Transaction ID : EDTB154EXPB1546 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CLASSIC PARTY RENTALS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 72-009 METROPLEX DR.		Amount of Each Disbursement this Period 728.63
City THOUSAND PALMS State CA Zip Code 92276	Purpose of Disbursement SUPPLIES FOR FUNDRAISER Candidate Name Category/Type 003	
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:	Transaction ID : EDTB152EXPB1546 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 51 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARRIOTT RIVERSIDE		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 3400 MARKET ST.		Amount of Each Disbursement this Period 168.30
City RIVERSIDE State CA Zip Code 92501	Purpose of Disbursement LODGING 001 Category/Type	
Candidate Name		Transaction ID : EDTB153EXPB1546 [MEMO ITEM]
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. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address WWW.FACEBOOK.COM		Amount of Each Disbursement this Period 6.99
City PALO ALTO State CA Zip Code 90000	Purpose of Disbursement ONLINE ADVERTISING 004 Category/Type	
Candidate Name		Transaction ID : EDTB159EXPB1546 [MEMO ITEM]
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) C. UNIXUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address WWW.UNIXUSA.COM		Amount of Each Disbursement this Period 40.00
City CYBERSPACE State CA Zip Code 90000	Purpose of Disbursement BROADCAST E-MAIL 004 Category/Type	
Candidate Name		Transaction ID : EDTB173EXPB1546 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 52 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HYATT HOTEL		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 21500 PACIFIC COAST HWY.		Amount of Each Disbursement this Period 148.96
City HUNTINGTON BEACH	State CA	
Zip Code 92660	Purpose of Disbursement LODGING	Transaction ID : EDTB155EXPB1546 [MEMO ITEM]
Candidate Name	Category/Type 002	
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. CHOPS STEAK HOUSE		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1011 L ST.		Amount of Each Disbursement this Period 44.80
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement MEETING	Transaction ID : EDTB175EXPB1546 [MEMO ITEM]
Candidate Name	Category/Type 001	
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) C. UNIXUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address WWW.UNIXUSA.COM		Amount of Each Disbursement this Period 489.23
City CYBERSPACE	State CA	
Zip Code 90000	Purpose of Disbursement BROADCAST E-MAIL	Transaction ID : EDTB174EXPB1546 [MEMO ITEM]
Candidate Name	Category/Type 004	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 53 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX KINKO'S		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 72795 HWY 111		Amount of Each Disbursement this Period 5.19
City PALM DESERT	State CA Zip Code 92260	
Purpose of Disbursement COMPUTER RENT	Category/Type 001	Transaction ID : EDTB176EXPB1546 [MEMO ITEM]
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. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 22.00
City SACRAMENTO	State CA Zip Code 95838	
Purpose of Disbursement AIRFARE	Category/Type 002	Transaction ID : EDTB177EXPB1546 [MEMO ITEM]
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) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 44449 TOWN CENTER WAY		Amount of Each Disbursement this Period 129.54
City Palm Desert	State CA Zip Code 92260	
Purpose of Disbursement OFFICE EQUIPMENT	Category/Type 001	Transaction ID : EDTB178EXPB1546 [MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 54 OF 83	
	<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)
NESTANDE FOR CONGRESS

A. TIME WARNER CABLE

Full Name (Last, First, Middle Initial)
Mailing Address 7800 CRESENT EXECUTIVE DR.

City Charlotte State NC Zip Code 28217

Purpose of Disbursement
CABLE SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period
720.85

Transaction ID : EDTB160EXPB1546

[MEMO ITEM]

Category/Type: 001

B. WAL MART

Full Name (Last, First, Middle Initial)
Mailing Address 34500 MONTEREY AVE.

City Palm Desert State CA Zip Code 92211

Purpose of Disbursement
SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period
66.19

Transaction ID : EDTB179EXPB1546

[MEMO ITEM]

Category/Type: 001

C. OFFICEMAX

Full Name (Last, First, Middle Initial)
Mailing Address 73411 HWY H

City PALM DESERT State CA Zip Code 92210

Purpose of Disbursement
SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period
162.84

Transaction ID : EDTB180EXPB1546

[MEMO ITEM]

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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 55 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address P. O. BOX 660108		Amount of Each Disbursement this Period 667.37
City DALLAS	State TX	
Zip Code 75266	Purpose of Disbursement PHONE SVC.	Transaction ID : EDTB181EXPB1546
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 74801 HOVLEY LN.		Amount of Each Disbursement this Period 19.99
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement POSTAGE	Transaction ID : EDTB156EXPB1546
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX KINKO'S		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 72795 HWY 111		Amount of Each Disbursement this Period 6.95
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement COMPUTER RENT	Transaction ID : EDTB182EXPB1546
Candidate Name	001 Category/ Type	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 56 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 437.50
City SACRAMENTO	State CA	
Zip Code 95838	Purpose of Disbursement AIRFARE	Transaction ID : EDTB161EXPB1546
Candidate Name	002 Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMAZON.COM		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address WWW.AMAZON.COM		Amount of Each Disbursement this Period 2626.82
City FERNLEY	State NV	
Zip Code 89522	Purpose of Disbursement OFFICE SUPPLIES/FURNITURE	Transaction ID : EDTB162EXPB1546
Candidate Name	001 Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. CONSTANT CONTACT		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address WWW.CONSTANTCONTACT.COM		Amount of Each Disbursement this Period 295.00
City CYBERSPACE	State CA	
Zip Code 90000	Purpose of Disbursement BROADCAST E-MAIL	Transaction ID : EDTB163EXPB1546
Candidate Name	004 Category/Type	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 57 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL BOOKS AND GIFTS		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address STATE CAPITOL BLDG.		Amount of Each Disbursement this Period 199.04
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement SUPPLIES	Transaction ID : EDTB185EXPB1546 [MEMO ITEM]
Candidate Name	001 Category/Type	
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. DOUBLETREE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1405 E. 4TH ST.		Amount of Each Disbursement this Period 122.75
City ONTARIO	State CA	
Zip Code 91764	Purpose of Disbursement LODGING	Transaction ID : EDTB183EXPB1546 [MEMO ITEM]
Candidate Name	002 Category/Type	
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) C. RING CENTRAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 999 BAKER WAY		Amount of Each Disbursement this Period 47.67
City SAN MATEO	State CA	
Zip Code 94404	Purpose of Disbursement ANSWERING SVC.	Transaction ID : EDTB184EXPB1546 [MEMO ITEM]
Candidate Name	001 Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 58 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address SACRAMENTO INT'L AIRPORT			Amount of Each Disbursement this Period 22.00	
City SACRAMENTO	State CA	Zip Code 95838	Transaction ID : EDTB186EXPB1546 [MEMO ITEM]	
Purpose of Disbursement AIRFARE		002 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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address WWW.FACEBOOK.COM			Amount of Each Disbursement this Period 292.87	
City PALO ALTO	State CA	Zip Code 90000	Transaction ID : EDTB164EXPB1546 [MEMO ITEM]	
Purpose of Disbursement ONLINE ADVERTISING		004 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) C. IDONATEPRO			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014	
Mailing Address WWW.IDONATEPRO.COM			Amount of Each Disbursement this Period 145.00	
City CYBERSPACE	State CA	Zip Code 90000	Transaction ID : EDTB165EXPB1546 [MEMO ITEM]	
Purpose of Disbursement ONLINE ADVERTISING		004 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:			

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 59 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address SACRAMENTO INT'L AIRPORT		Amount of Each Disbursement this Period 409.50
City SACRAMENTO	State CA	
Zip Code 95838	Purpose of Disbursement AIRFARE	Transaction ID : EDTB166EXPB1546
Candidate Name	Category/Type 002	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 74801 HOVLEY LN.		Amount of Each Disbursement this Period 19.99
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement POSTAGE	Transaction ID : EDTB157EXPB1546
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address P. O. BOX 7221		Amount of Each Disbursement this Period 117.13
City Pasadena	State CA	
Zip Code 91109	Purpose of Disbursement SHIPPING	Transaction ID : EDTB167EXPB1546
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 60 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UNIXUSA		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address WWW.UNIXUSA.COM		Amount of Each Disbursement this Period 778.33
City CYBERSPACE	State CA	
Zip Code 90000	Purpose of Disbursement BROADCAST E-MAIL	Transaction ID : EDTB187EXPB1546
Candidate Name	Category/Type 004	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. CHASE CARD SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address P. O. BOX 94014		Amount of Each Disbursement this Period 775.00
City PALATINE	State IL	
Zip Code 80094	Purpose of Disbursement CREDIT CARD PAYMENT	Transaction ID : EXPB1544
Candidate Name	Category/Type 003	
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) C. PALM SPRINGS ART MUSEUM		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 101 N. MUSEUM DR.		Amount of Each Disbursement this Period 775.00
City PALM SPRINGS	State CA	
Zip Code 92262	Purpose of Disbursement FUNDRAISING FACILITY	Transaction ID : EDTB150EXPB1544
Candidate Name	Category/Type 003	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	775.00
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 61 OF 83	
	<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)
NESTANDE FOR CONGRESS

A. COGS

Full Name (Last, First, Middle Initial)
Mailing Address 2401 E. ORANGEBURG AVE. #675

City: MODESTO State: CA Zip Code: 95355

Purpose of Disbursement: SIGNS
Candidate Name: _____
Category/Type: 004

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: _____ District: _____

Date of Disbursement: 04 / 17 / 2014

Amount of Each Disbursement this Period: 7191.82
Transaction ID : EXPB1545

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address BOX 0001

City: Los Angeles State: CA Zip Code: 90096

Purpose of Disbursement: CREDIT CARD PAYMENT
Candidate Name: _____
Category/Type: 001

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: _____ District: _____

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 789.08
Transaction ID : EXPB1547

C. MINUTEMAN PRESS

Full Name (Last, First, Middle Initial)
Mailing Address 73-660 HWY 111

City: PALM DESERT State: CA Zip Code: 92260

Purpose of Disbursement: PRINTING
Candidate Name: _____
Category/Type: 001

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify)

State: _____ District: _____

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 248.14
Transaction ID : EDTB188EXPB1547
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 7980.90

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 62 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LINCOLN CLUB OF COACHELLA VALLEY			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014	
Mailing Address 45300 PORTOLA AVE.			Amount of Each Disbursement this Period 250.00	
City PALM DESERT	State CA	Zip Code 92260	Transaction ID : EDTB189EXPB1547	
Purpose of Disbursement DUES		Category/ Type 001	[MEMO ITEM]	
Candidate Name LINCOLN CLUB OF COACHELLA VALL	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) B. EFUNDRAISING CONNECTIONS			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 71.37	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB1555	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) C. FEDEX			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014	
Mailing Address P. O. BOX 7221			Amount of Each Disbursement this Period 122.68	
City Pasadena	State CA	Zip Code 91109	Transaction ID : EXPB1574	
Purpose of Disbursement SHIPPING		Category/ Type 001		
Candidate Name		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

SUBTOTAL of Disbursements This Page (optional).....	194.05
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 63 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HAMMONS STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 9825 MAGNOLIA AVE. B152		Amount of Each Disbursement this Period 4165.88
City RIVERSIDE State CA Zip Code 92503	Purpose of Disbursement CAMPAIGN CONSULTING	
Candidate Name	Category/Type 001	Transaction ID : EXPB1577
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. LFG SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 522 AMIGOS DR. #A		Amount of Each Disbursement this Period 517.24
City REDLANDS State CA Zip Code 92373	Purpose of Disbursement MASS MAIL	
Candidate Name	Category/Type 004	Transaction ID : EXPB1576
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) C. THE BATTIN GROUP		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 78-710 AVENIDA NUESTRA		Amount of Each Disbursement this Period 35028.00
City LA QUINTA State CA Zip Code 92253	Purpose of Disbursement BROADCAST ADVERTISING	
Candidate Name	Category/Type 004	Transaction ID : EXPB1586
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:	

SUBTOTAL of Disbursements This Page (optional).....	39711.12
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 64 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VERIZON CALIFORNIA		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address P. O.BOX 920041		Amount of Each Disbursement this Period 25335.52 Transaction ID : EXPB1587
City DALLAS	State TX	
Zip Code 75392	Purpose of Disbursement PHONE SVC.	Category/ Type 001
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. CALIF. INLAND EMPIRE BOY SCOUTS		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address P. O. BOX 8910		Amount of Each Disbursement this Period 200.00 Transaction ID : EXPB1599
City REDLANDS	State CA	
Zip Code 92375	Purpose of Disbursement DONATION	Category/ Type 012
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) C. CRAFTMEDIA/DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1600 K ST. NW #300		Amount of Each Disbursement this Period 25000.00 Transaction ID : EXPB1598
City WASHINGTON	State DC	
Zip Code 20006	Purpose of Disbursement MEDIA PRODUCTION	Category/ Type 004
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:	

SUBTOTAL of Disbursements This Page (optional).....	25335.52
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 65 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIONEER ENTERPRISES		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 3217.08 Transaction ID : EXPB1596
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement POSTAGE 004 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. REVOLVIS CONSULTING, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 7185 NAVAJO RD. #P		Amount of Each Disbursement this Period 437.50 Transaction ID : EXPB1595
City SAN DIEGO State CA Zip Code 92119	Purpose of Disbursement AIRFARE 002 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) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 328.50 Transaction ID : EXPB1606
City Sacramento State CA Zip Code 95816	Purpose of Disbursement MERCHANT FEE 001 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:		

SUBTOTAL of Disbursements This Page (optional).....	3983.08
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 66 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JESSICA TEGLAND		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2014
Mailing Address 79345 MONTEGO BAY DR.		Amount of Each Disbursement this Period 360.00 Transaction ID : EXPB1575
City BERMUDA DUNES State CA Zip Code 92203	Purpose of Disbursement CANVASSING 001 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. CAPITAL CAMPAIGNS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 38 EXECUTIVE PARK #390		Amount of Each Disbursement this Period 5133.74 Transaction ID : EXPB1615
City IRVINE State CA Zip Code 92614	Purpose of Disbursement FUNDRAISING CONSULTING 003 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) C. LELAND HYER		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 450 TERRY LN.		Amount of Each Disbursement this Period 2578.23 Transaction ID : EXPB1616
City HEMET State CA Zip Code 92544	Purpose of Disbursement CAMPAIGN STAFF, MILEAGE 001 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:		

SUBTOTAL of Disbursements This Page (optional).....	8071.97
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 67 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LFG SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 522 AMIGOS DR. #A		Amount of Each Disbursement this Period 1078.49
City REDLANDS	State CA	
Zip Code 92373	Purpose of Disbursement PRINTING	Transaction ID : EXPB1636
Candidate Name	003 Category/ Type	
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. PIONEER ENTERPRISES		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 3217.08
City SANTA ANA	State CA	
Zip Code 92705	Purpose of Disbursement POSTAGE	Transaction ID : EXPB1634
Candidate Name	004 Category/ Type	
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) C. REVOLVIS CONSULTING, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 7185 NAVAJO RD. #P		Amount of Each Disbursement this Period 19990.62
City SAN DIEGO	State CA	
Zip Code 92119	Purpose of Disbursement MASS MAIL	Transaction ID : EXPB1635
Candidate Name	004 Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	24286.19
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 68 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE KAPLAN FAMILY TRUST		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 41-865 BOARDWALK, #106		Amount of Each Disbursement this Period 1060.00
City PALM DESERT State CA Zip Code 92211	Purpose of Disbursement RENT 001 Category/Type	
Candidate Name		Transaction ID : EXPB1617
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. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 90.00
City PALM DESERT State CA Zip Code 92261	Purpose of Disbursement DUES 001 Category/Type	
Candidate Name		Transaction ID : EXPB1651
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) C. EAST VALLEY REPUBLICAN WOMEN FEDERATED		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO BOX 10323		Amount of Each Disbursement this Period 90.00
City Palm Desert State CA Zip Code 92255	Purpose of Disbursement DUES 001 Category/Type	
Candidate Name		Transaction ID : PDTB42EXPB1651 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	1150.00
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 69 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 490.00 Transaction ID : EXPB1653
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement POSTAGE	Category/ Type 001
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. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 74801 HOVLEY LN.		Amount of Each Disbursement this Period 490.00 Transaction ID : PDTB46EXPB1653 [MEMO ITEM]
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement POSTAGE	Category/ Type 001
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) C. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 147.68 Transaction ID : EXPB1655
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Category/ Type 001
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:	

SUBTOTAL of Disbursements This Page (optional).....	637.68
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 70 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 72-811 HWY 111		Amount of Each Disbursement this Period 40.25
City PALM DESERT State CA Zip Code 92260	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : PDTB40EXPB1655 [MEMO ITEM]
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. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 40.25
City PALM DESERT State CA Zip Code 92261	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : EXPB1657
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) C. WAL MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 34500 MONTEREY AVE.		Amount of Each Disbursement this Period 40.25
City Palm Desert State CA Zip Code 92211	Purpose of Disbursement SUPPLIES 001 Category/Type	
Candidate Name		Transaction ID : PDTB41EXPB1657 [MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional).....	40.25
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 71 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA SCULLY			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address P. O. BOX 2189			Amount of Each Disbursement this Period 33.85	
City PALM DESERT	State CA	Zip Code 92261	Transaction ID : EXPB1661	
Purpose of Disbursement SUPPLIES		001 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. WAL MART			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address 34500 MONTEREY AVE.			Amount of Each Disbursement this Period 33.85	
City Palm Desert	State CA	Zip Code 92211	Transaction ID : PDTB44EXPB1661	
Purpose of Disbursement SUPPLIES		001 Category/ Type		
Candidate Name			[MEMO ITEM]	
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) C. PATRICIA SCULLY			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014	
Mailing Address P. O. BOX 2189			Amount of Each Disbursement this Period 343.00	
City PALM DESERT	State CA	Zip Code 92261	Transaction ID : EXPB1663	
Purpose of Disbursement POSTAGE		001 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:				

SUBTOTAL of Disbursements This Page (optional).....	376.85
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 72 OF 83	
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. POSTMASTER		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 74801 HOVLEY LN.		Amount of Each Disbursement this Period 343.00
City PALM DESERT	State CA	
Purpose of Disbursement POSTAGE	Zip Code 92260	Transaction ID : PDTB43EXPB1663
Candidate Name	Category/ Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 8.62
City PALM DESERT	State CA	
Purpose of Disbursement SUPPLIES	Zip Code 92261	Transaction ID : EXPB1665
Candidate Name	Category/ Type 001	
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) C. PATRICIA SCULLY		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 19.42
City PALM DESERT	State CA	
Purpose of Disbursement SUPPLIES	Zip Code 92261	Transaction ID : EXPB1659
Candidate Name	Category/ Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	28.04
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 73 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 72-811 HWY 111		Amount of Each Disbursement this Period 19.42
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement SUPPLIES	Transaction ID : PDTB45EXPB1659
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. PATRICIA SCULLY		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address P. O. BOX 2189		Amount of Each Disbursement this Period 17.96
City PALM DESERT	State CA	
Zip Code 92261	Purpose of Disbursement SUPPLIES	Transaction ID : EXPB1667
Candidate Name	Category/Type 001	
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) C. RALPHS		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 74895 HWY 111		Amount of Each Disbursement this Period 17.96
City PALM DESERT	State CA	
Zip Code 92260	Purpose of Disbursement SUPPLIES	Transaction ID : PDTB47EXPB1667
Candidate Name	Category/Type 001	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17.96
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 74 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PATRICIA SCULLY			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014		
Mailing Address P. O. BOX 2189			Amount of Each Disbursement this Period 18.51		
City PALM DESERT	State CA	Zip Code 92261	Transaction ID : EXPB1669		
Purpose of Disbursement SUPPLIES		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. RALPHS			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014		
Mailing Address 74895 HWY 111			Amount of Each Disbursement this Period 18.51		
City PALM DESERT	State CA	Zip Code 92260	Transaction ID : PDTB48EXPB1669		
Purpose of Disbursement SUPPLIES		001 Category/ Type			
Candidate Name			[MEMO ITEM]		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) C. GREG WALLIS			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014		
Mailing Address 300 S. HIGHLAND SPRINGS AVE			Amount of Each Disbursement this Period 4000.00		
City BANNING	State CA	Zip Code 92220	Transaction ID : EXPB1647		
Purpose of Disbursement CAMPAIGN CONSULTING		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	4018.51
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 75 OF 83		
	<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)
NESTANDE FOR CONGRESS

A. EFUNDRAISING CONNECTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 06 / 2014

Amount of Each Disbursement this Period
615.50

Transaction ID : EXPB1679

Category/Type
001

B. DAVID COOPER

Full Name (Last, First, Middle Initial)
Mailing Address 600 BARBER DR.

City HEMET State CA Zip Code 92543

Purpose of Disbursement
CANVASSING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 08 / 2014

Amount of Each Disbursement this Period
334.86

Transaction ID : EXPB1697

Category/Type
001

C. HAMILTON MARKETING

Full Name (Last, First, Middle Initial)
Mailing Address 70 W. EASY ST. #2

City SIMI VALLEY State CA Zip Code 93065

Purpose of Disbursement
MASS MAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 08 / 2014

Amount of Each Disbursement this Period
2604.52

Transaction ID : EXPB1695

Category/Type
003

SUBTOTAL of Disbursements This Page (optional)..... 3554.88

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 76 OF 83			
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. HAMMONS STRATEGIES

Mailing Address 9825 MAGNOLIA AVE. B152

City RIVERSIDE State CA Zip Code 92503

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 08 / 2014

Amount of Each Disbursement this Period
3057.12

Transaction ID : EXPB1694

Category/Type
001

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

Mailing Address 33911 PLOWSHARE RD.

City WILDOMAR State CA Zip Code 92545

Purpose of Disbursement
CANVASSING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 08 / 2014

Amount of Each Disbursement this Period
165.00

Transaction ID : EXPB1693

Category/Type
001

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

Mailing Address 40641 SHELLIE LN.

City HEMET State CA Zip Code 92543

Purpose of Disbursement
CANVASSING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
05 / 08 / 2014

Amount of Each Disbursement this Period
257.04

Transaction ID : EXPB1696

Category/Type
001

SUBTOTAL of Disbursements This Page (optional)..... 3479.16

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 77 OF 83		
	<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)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PIONEER ENTERPRISES		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1011 S. LINWOOD AVE.		Amount of Each Disbursement this Period 3217.08
City SANTA ANA State CA Zip Code 92705	Purpose of Disbursement POSTAGE Category/Type 004	
Candidate Name		Transaction ID : EXPB1708
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. JESSICA TEGLAND		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 79345 MONTEGO BAY DR.		Amount of Each Disbursement this Period 360.00
City BERMUDA DUNES State CA Zip Code 92203	Purpose of Disbursement PHONEBANKS Category/Type 004	
Candidate Name		Transaction ID : EXPB1705
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) C. EFUNDRAISING CONNECTIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 204.00
City Sacramento State CA Zip Code 95816	Purpose of Disbursement MERCHANT FEE Category/Type 001	
Candidate Name		Transaction ID : EXPB1717
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:		

SUBTOTAL of Disbursements This Page (optional).....	3781.08
TOTAL This Period (last page this line number only).....	173537.76

**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 78 OF 83	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
NESTANDE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEN CRAIG			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 4490 POINSETTIA ST.			Amount of Each Disbursement this Period 2000.00	
City SAN LUIS OBISPO	State CA	Zip Code 93401	Transaction ID : EXPB1597	
Purpose of Disbursement REFUND		Category/ Type 010		
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 M M / D D / Y Y Y Y	
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 M M / D D / Y Y Y Y	
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).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BELL, MCANDREWS & HILTACHK

Mailing Address 455 CAPITOL MALL #600

City State Zip Code
 SACRAMENTO CA 95814

Nature of Debt (Purpose):
LEGAL FEES

Outstanding Balance Beginning This Period	Transaction ID : PAYD1701	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1162.80	0.00	1162.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BRIDGETTE BEUTTEL

Mailing Address 8120 WINTER GARDENS BLVD. #21

City State Zip Code
 Lakeside CA 92040

Nature of Debt (Purpose):
SIGN DESIGN

Outstanding Balance Beginning This Period	Transaction ID : PAYD1365	
75.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	75.00	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PROBOLSKY RESEARCH LLC

Mailing Address 3990 WESTERLY PL. #185

City State Zip Code
 NEWPORT BEACH CA 92660

Nature of Debt (Purpose):
POLLING

Outstanding Balance Beginning This Period	Transaction ID : PAYD1488	
7200.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	7200.00	0.00

1) SUBTOTALS This Period This Page (optional)	1162.80
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **Transaction ID : PAYD1368**

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
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **Transaction ID : PAYD1369**

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
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **Transaction ID : PAYD1370**

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="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period		Transaction ID : PAYD1371	
<input type="text" value="37.73"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="37.73"/>	<input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period		Transaction ID : PAYD1372	
<input type="text" value="33.92"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="33.92"/>	<input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
FUNDRAISING EXPENSES

Outstanding Balance Beginning This Period		Transaction ID : PAYD1373	
<input type="text" value="400.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="0.00"/>	<input type="text" value="400.00"/>	<input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
MEETING

Outstanding Balance Beginning This Period **20.00** **Transaction ID : PAYD1374**

Amount Incurred This Period **0.00** Payment This Period **20.00** Outstanding Balance at Close of This Period **0.00**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
FOOD FOR VOLUNTEERS

Outstanding Balance Beginning This Period **28.00** **Transaction ID : PAYD1375**

Amount Incurred This Period **0.00** Payment This Period **28.00** Outstanding Balance at Close of This Period **0.00**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
PATRICIA SCULLY

Mailing Address P. O. BOX 2189

City State Zip Code
 PALM DESERT CA 92261

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **19.77** **Transaction ID : PAYD1392**

Amount Incurred This Period **0.00** Payment This Period **19.77** Outstanding Balance at Close of This Period **0.00**

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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)

NESTANDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
 BANNING CA 92220

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **Transaction ID : PAYD1471**

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
GREG WALLIS

Mailing Address 300 S. HIGHLAND SPRINGS AVE

City State Zip Code
 BANNING CA 92220

Nature of Debt (Purpose):
SUPPLIES

Outstanding Balance Beginning This Period **Transaction ID : PAYD1472**

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="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="1162.80"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1162.80"/>