

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 Garamendi for Congress

ADDRESS (number and street) 1050 17th St NW Ste 590 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00462697 3. IS THIS REPORT NEW (N) OR AMENDED (A) CA 03

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY 01/01/2015 through MM/DD/YYYY 03/31/2015

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 Janica Kyriacopoulos

Signature of Treasurer Janica Kyriacopoulos [Electronically Filed] Date MM/DD/YYYY 04/15/2015

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Garamendi for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	90045.00	102341.16
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	90045.00	102341.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67643.17	140825.01
(b) Total Offsets to Operating Expenditures (from Line 14).....	243.15	411.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67400.02	140413.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	200105.15	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	937.60	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Garamendi for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34795.00	45711.16
(ii) Unitemized.....	7250.00	7630.00
(iii) TOTAL of contributions from individuals ▶	42045.00	53341.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	48000.00	49000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	90045.00	102341.16
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	243.15	411.37
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1.03	15.36
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	90289.18	102767.89

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67643.17	140825.01
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 .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	1000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	67643.17	141825.01

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	177459.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	90289.18
25. SUBTOTAL (add Line 23 and Line 24).....	267748.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	67643.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200105.15

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

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

FOR LINE NUMBER: PAGE 5 OF 62  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ralph Aldredge**

Mailing Address **PO Box 866**

City **San Andreas** State **CA** Zip Code **95249-0866**

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

Name of Employer **Calaveras First Company** Occupation **Publisher and Lawyer**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : C10087422**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Barella**

Mailing Address **496 Jasmine Ln**

City **Petaluma** State **CA** Zip Code **94952-2009**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093246**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address **496 Jasmine Ln**

City **Petaluma** State **CA** Zip Code **94952-2009**

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

Name of Employer **Not Employed** Occupation **Retired**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093247**

Amount of Each Receipt this Period  
**600.00**

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

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

**3100.00**

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marlene L. Bell**

Mailing Address 27778 County Road 92F

City Winters State CA Zip Code 95694-9020

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : C10078292**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul R Bonderson Jr.**

Mailing Address 8121 Alpha Ln

City Sunol State CA Zip Code 94586-9500

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093062**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard J Boyd**

Mailing Address 9953 Gary Dr

City Browns Valley State CA Zip Code 95918-9640

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093253**

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 7 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eli Broad**

Mailing Address 2121 Avenue of the Stars  
Ste 3000

City Los Angeles State CA Zip Code 90024-6548

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

Name of Employer The Eli & Edythe Broad Foundation Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : C10093415**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Timothy A Cansler**

Mailing Address 4902 Eleanor Dr

City Frederick State MD Zip Code 21703-2715

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

Name of Employer Cansler Consulting Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C10092729**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael M Ghilotti**

Mailing Address 14 Circle Rd

City San Rafael State CA Zip Code 94903-3821

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

Name of Employer Ghilotti Bros, Inc Occupation President/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : C10092242**

Amount of Each Receipt this Period  
 100.00

**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 8 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael M Ghilotti**

Mailing Address 14 Circle Rd

City San Rafael State CA Zip Code 94903-3821

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

Name of Employer Ghilotti Bros, Inc Occupation President/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : C10093405**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Green**

Mailing Address 4880 Summit Ridge Dr Apt 230

City Reno State NV Zip Code 89523-7939

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **245.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093258**

Amount of Each Receipt this Period  
**245.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robb T. Greenspan**

Mailing Address 19357 Collier St

City Tarzana State CA Zip Code 91356-3010

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

Name of Employer The Greenspan Company Occupation Insurance Adjuster

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093248**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2245.00**



**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael A. Gridley**

Mailing Address 169 Magee Ave

City Mill Valley State CA Zip Code 94941-4533

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

Name of Employer Wetlands Resources LLC Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093264**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Martin A. Harmon**

Mailing Address 4020 Sierra College Blvd Ste 200

City Rocklin State CA Zip Code 95677-3906

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

Name of Employer Auburn Manor Holding Corporation Occupation Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2015**

**Transaction ID : C10093049**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Alfred E. Heller**

Mailing Address 737 Deer Valley Rd

City San Rafael State CA Zip Code 94903-5531

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

Name of Employer Alfred Heller Occupation Independent Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : C10092249**

Amount of Each Receipt this Period  
**500.00**

**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 10 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert F Hink**

Mailing Address 686 San Fernando Ave

City Berkeley State CA Zip Code 94707-1654

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

Name of Employer Robert Hink Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2015

**Transaction ID : C10090786**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Gladys L. Ikeda**

Mailing Address 4856 Mosher Dr

City Stockton State CA Zip Code 95212-1709

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

Name of Employer Not Employed Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093160**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn Rucker Krepp**

Mailing Address 1837 A St SE

City Washington State DC Zip Code 20003-1706

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

Name of Employer KDRKrepp Consulting Occupation Advocate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : C10077720**

Amount of Each Receipt this Period  
 500.00

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

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

3700.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Levy**

Mailing Address 1918 Arena Dr

City State Zip Code  
Davis CA 95618-6753

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

Name of Employer Occupation  
CA Unemployment Ins Appeals Bd. Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10093262**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Shirley Levy**

Mailing Address 301 Mission St

City State Zip Code  
San Francisco CA 94105-2243

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

Name of Employer Occupation  
Not Employed Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10093204**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**R. Donald Norene**

Mailing Address PO Box 98

City State Zip Code  
Rio Oso CA 95674-0098

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

Name of Employer Occupation  
Norene Ranches, Inc. Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : C10084441**

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 12 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kip Payne**

Mailing Address 1320 N Veitch St  
Unit 825

City Arlington State VA Zip Code 22201-6214

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

Name of Employer American Bureau of Shipping Occupation Manager, Government Affairs

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2015

**Transaction ID : C10090647**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Rehemann**

Mailing Address 2296 Elm St

City Live Oak State CA Zip Code 95953-2418

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

Name of Employer FJR Farms Occupation Rice Producer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2015

**Transaction ID : C10091851**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard E. Rominger**

Mailing Address 28681 County Road 29

City Winters State CA Zip Code 95694-9058

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

Name of Employer Richard Rominger Occupation Farmer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093252**

Amount of Each Receipt this Period  
250.00

**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 13 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Rusev**

Mailing Address 403 Danube Dr

City State Zip Code  
Aptos CA 95003-2812

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

Name of Employer Occupation  
Not Employed Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10093050**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael J. Russell**

Mailing Address 216 F St # 76

City State Zip Code  
Davis CA 95616-4515

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

Name of Employer Occupation  
Aaken Laboratories Research

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C10092652**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert H. Schneider**

Mailing Address 2402 Westerness Rd.

City State Zip Code  
Davis CA 95616-3092

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

Name of Employer Occupation  
Robert Schneider Environmental Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093185**

Amount of Each Receipt this Period  
250.00

**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 14 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Evan B. Siegel PhD.**

Mailing Address **22 Belfort**

City **Newport Coast** State **CA** Zip Code **92657-1079**

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

Name of Employer **Ground Zero Pharmaceuticals, inc.** Occupation **President and CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093242**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Slobe**

Mailing Address **400 Slobe Ave**

City **Sacramento** State **CA** Zip Code **95815-4211**

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

Name of Employer **North Sacramento Land Company** Occupation **Real Estate Investment**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : C10093234**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jacque J. Sokolov MD**

Mailing Address **1 Pelican Hill Cir**

City **Newport Coast** State **CA** Zip Code **92657-1703**

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

Name of Employer **SSB Solutions** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2015**

**Transaction ID : C10078488**

Amount of Each Receipt this Period  
**250.00**

**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 15 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Szekely**

Mailing Address 3232 Dove St

City San Diego State CA Zip Code 92103-5548

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

Name of Employer Wellness Warrior Occupation Founder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093404**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Roger Trincherro**

Mailing Address PO Box 248

City Saint Helena State CA Zip Code 94574-0248

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

Name of Employer Trincherro Family Estates Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10097207**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Denise P. Watkins**

Mailing Address 8040 Golden Eagle Way

City Pleasanton State CA Zip Code 94588-3119

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

Name of Employer LW Lacrosse LLC Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10092708**

Amount of Each Receipt this Period  
 2700.00

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

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

6400.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William D. Watkins**

Mailing Address 8040 Golden Eagle Way

City Pleasanton State CA Zip Code 94588-3119

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

Name of Employer Imergy Power Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10092709**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Matthew White**

Mailing Address 119 C St

City Petaluma State CA Zip Code 94952-3069

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

Name of Employer Basin Street Properties Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093243**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address 18 Bulkeley Ave

City Sausalito State CA Zip Code 94965-2208

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

Name of Employer Basin Street Properties Occupation Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093244**

Amount of Each Receipt this Period  
 2600.00

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

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

7900.00



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 62  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Zimmer**

Mailing Address P.O. Box 7150

City State Zip Code  
Fremont CA 94537

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

Name of Employer Occupation  
Not Employed Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 23 / 2015

**Transaction ID : C10087418**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

34795.00

**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 18 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Ave. NW

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093010**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Aircraft Owners and Pilots Association Political Action Committee**

Mailing Address 601 Pennsylvania Ave NW  
Ste 875-S

City Washington State DC Zip Code 20004-2636

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093542**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Association For Justice Political Action**

Mailing Address 777 6th St., NW  
Ste. 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : C10092728**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Federation of State, County & Municipal Employees**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00034066

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

**Transaction ID : C10080232**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Maritime Officers Voluntary Political Action Fund**

Mailing Address P.O. Box 66

City Dania Beach State FL Zip Code 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093011**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American President Lines Ltd Political Action Committee (APL/PAC)**

Mailing Address 16220 N. Scottsdale Rd.  
Ste. 300

City Scottsdale State AZ Zip Code 85254

FEC ID number of contributing federal political committee. **C** C00137828

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2015

**Transaction ID : C10082051**

Amount of Each Receipt this Period  
1000.00

**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 20 OF 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Shortline & Regional Railroad Association PAC (ASLRRA-PAC)**

Mailing Address 50 F St., NW  
Ste. 7020

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00298190**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 05 / 2015

**Transaction ID : C10079931**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Association Of American Railroads Political Action Committee (RAILPAC)**

Mailing Address 425 3rd St., SW  
Ste. 1000

City Washington State DC Zip Code 20024-3228

FEC ID number of contributing federal political committee. **C C00280743**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : C10092727**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 208 S. Akard St.  
Ste. 2701

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10093345**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BNSF Railway Company RAILPAC (BNSF RAILPAC)**

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2015

**Transaction ID : C10082057**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BNSF Railway Company RAILPAC (BNSF RAILPAC)**

Mailing Address PO Box 961039

City Fort Worth State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093012**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Calpine Corporation PAC**

Mailing Address 4160 Dublin Blvd.  
Ste. 100

City Dublin State CA Zip Code 94568

FEC ID number of contributing federal political committee. **C** C00362640

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093410**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 62
	<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)  
**Garamendi for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Cheniere Energy, Inc. PAC**

Mailing Address 1445 Pennsylvania Avenue NW  
Ste 550

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00430157**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 10 / 2015

**Transaction ID : C10082055**

Amount of Each Receipt this Period  
1000.00

**B. Full Name (Last, First, Middle Initial)**  
**CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Ave, NW,  
Suite 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2015

**Transaction ID : C10092726**

Amount of Each Receipt this Period  
2000.00

**C. Full Name (Last, First, Middle Initial)**  
**CULAC the PAC of Credit Union National Association**

Mailing Address 601 Pennsylvania Avenue, NW  
South Building, Ste. 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : C10093014**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**District No. 1-PCD, Marine Engineers' Beneficial Association- PAF**

Mailing Address 444 N Capitol St NW  
Ste 800

City Washington State DC Zip Code 20001-1508

FEC ID number of contributing federal political committee. **C C00279380**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : C10083823**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers PAC**

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : C10087346**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**International Brotherhood of Electrical Workers PAC**

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : C10087347**

Amount of Each Receipt this Period  
 5000.00

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

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

11000.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
International Union of Painters and Allied Trades Political Action Together Political Committee

Mailing Address 7234 Parkway Dr.

City Hanover State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : C10090816**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Maersk Inc. Good Government Fund

Mailing Address 1530 Wilson Blvd.  
Ste. 650

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00217471

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093537**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Assn. PAC

Mailing Address 1101 King Street  
Ste. 600

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : C10093344**

Amount of Each Receipt this Period  
 1000.00

**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 25 OF 62
	<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)  
**Garamendi for Congress**

**A. National Milk Producers Federation PAC (NMPF PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 2101 Wilson Blvd., Suite 140

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00325324

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093407**

Amount of Each Receipt this Period  
 1000.00

**B. Norfolk Southern Corporation Good Government Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address 3 Commercial Place Ste. 375

City State Zip Code  
Norfolk VA 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2015

**Transaction ID : C10092725**

Amount of Each Receipt this Period  
 2000.00

**C. Ocean Champions PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 202 San Jose Ave.

City State Zip Code  
Capitola CA 95010

FEC ID number of contributing federal political committee. **C** C00393769

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093409**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PG&E Corporation Energy PAC**

Mailing Address 77 Beale Street  
PO Box 770000 B29H

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C C00177469**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2015

**Transaction ID : C10082053**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Siemens Corporation PAC**

Mailing Address 300 New Jersey Ave., NW  
Ste. 1000

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00353797**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2015

**Transaction ID : C10090814**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**The American Pilots' Association Political Action Committee**

Mailing Address 499 S Capitol St SW  
Ste 409

City Washington State DC Zip Code 20003-4023

FEC ID number of contributing federal political committee. **C C00041061**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : C10091908**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 62
	<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)  
**Garamendi for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**The Doctors Company Federal PAC**

Mailing Address 185 Greenwood Road

City Napa State CA Zip Code 94558

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : C10091909**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**The Dow Chemical Company Employees PAC (DOWPAC)**

Mailing Address 2030 Dow Center

City Midland State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : C10093053**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Transportation Trades Department AFL-CIO Political Action Committee**

Mailing Address 888 16th St NW Ste 650

City Washington State DC Zip Code 20006-4112

FEC ID number of contributing federal political committee. **C** C00280909

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : C10078297**

Amount of Each Receipt this Period  
 500.00

**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 28 OF 62
	<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)  
**Garamendi for Congress**

**A. Union Pacific Corporation Fund for Effective Government**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 13th St., NW  
Ste. 340  
City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : C10093346**

Amount of Each Receipt this Period  
2000.00

**B. United Transportation Union Political Action Committee (UTU PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 24950 Country Club Blvd.  
Ste. 340  
City North Olmsted State OH Zip Code 44070

FEC ID number of contributing federal political committee. **C C00001636**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2015

**Transaction ID : C10082052**

Amount of Each Receipt this Period  
1000.00

**C. Verizon Communications Inc. Good Government Club (Verizon PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1300 I St NW  
Ste 400  
City Washington State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : C10093009**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

48000.00

**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 29 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alamo Alarm Company Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>PO Box 573</b>		Amount of Each Disbursement this Period <b>108.00</b> <b>Transaction ID : D459922</b>
City <b>Woodbridge</b>	State <b>CA</b>	
Zip Code <b>95258</b>	Purpose of Disbursement <b>Office Alarm Services</b>	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) <b>B. AmeriTechnology Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>455 Capitol Mall, Ste. 703</b>		Amount of Each Disbursement this Period <b>308.75</b> <b>Transaction ID : D459918</b>
City <b>Sacramento</b>	State <b>CA</b>	
Zip Code <b>95814</b>	Purpose of Disbursement <b>Information Technology Services</b>	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) <b>c. AmeriTechnology Group, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2015</b>
Mailing Address <b>455 Capitol Mall, Ste. 703</b>		Amount of Each Disbursement this Period <b>570.00</b> <b>Transaction ID : D457181</b>
City <b>Sacramento</b>	State <b>CA</b>	
Zip Code <b>95814</b>	Purpose of Disbursement <b>Information Technology Services</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>986.75</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. AmeriTechnology Group, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address 455 Capitol Mall, Ste. 703			Amount of Each Disbursement this Period 285.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : <b>D459367</b>	
Purpose of Disbursement Information Technology Services		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) <b>B. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015	
Mailing Address PO Box 60017			Amount of Each Disbursement this Period 118.73	
City Los Angeles	State CA	Zip Code 90060-0017	Transaction ID : <b>D459369</b>	
Purpose of Disbursement Telephone Services		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) <b>C. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015	
Mailing Address PO Box 60017			Amount of Each Disbursement this Period 123.28	
City Los Angeles	State CA	Zip Code 90060-0017	Transaction ID : <b>D457183</b>	
Purpose of Disbursement Telephone Services		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: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	527.01
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 118.80
City Los Angeles	State CA	
Zip Code 90060-0017	Purpose of Disbursement Telephone Services	Transaction ID : D459924
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO Box 60017		Amount of Each Disbursement this Period 1347.53
City Los Angeles	State CA	
Zip Code 90060-0017	Purpose of Disbursement Telephone Services	Transaction ID : D459366
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 119.03
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Telephone Services	Transaction ID : D459371
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1585.36
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 119.57 <b>Transaction ID : D459915</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Telephone Services	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) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 118.04 <b>Transaction ID : D457192</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Telephone Services	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) <b>c. Blue Shield of California</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address Cash Receiving File 55331		Amount of Each Disbursement this Period 1773.58 <b>Transaction ID : D459374</b>
City Los Angeles	State CA	
Zip Code 90074-5331	Purpose of Disbursement Campaign Health Insurance	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2011.19
<b>TOTAL</b> 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 33 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blue Shield of California</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>Cash Receiving File 55331</b>			Amount of Each Disbursement this Period <b>886.79</b>
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90074-5331</b>	
Purpose of Disbursement <b>Campaign Health Insurance</b>		Category/ Type	<b>Transaction ID : D459920</b>
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) <b>B. Encompass</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>9935 Horn Rd. Ste. A</b>			Amount of Each Disbursement this Period <b>54.57</b>
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95827-1954</b>	
Purpose of Disbursement <b>Copier Rental</b>		Category/ Type	<b>Transaction ID : D459925</b>
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) <b>c. Encompass</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>9935 Horn Rd. Ste. A</b>			Amount of Each Disbursement this Period <b>111.51</b>
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95827-1954</b>	
Purpose of Disbursement <b>Copier Rental</b>		Category/ Type	<b>Transaction ID : D459877</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1052.87</b>
<b>TOTAL</b> 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 34 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 6200 S Quebec St		Amount of Each Disbursement this Period 77.43
City Greenwood Village	State CO	
Zip Code 80111-4729	Purpose of Disbursement Merchant Fees	Transaction ID : D459536
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 6200 S Quebec St		Amount of Each Disbursement this Period 135.23
City Greenwood Village	State CO	
Zip Code 80111-4729	Purpose of Disbursement Merchant Fees	Transaction ID : D457540
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 6200 S Quebec St		Amount of Each Disbursement this Period 61.95
City Greenwood Village	State CO	
Zip Code 80111-4729	Purpose of Disbursement Merchant Fees	Transaction ID : D460743
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	274.61
<b>TOTAL</b> 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 35 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontier</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 20550		Amount of Each Disbursement this Period 670.47 <b>Transaction ID : D457187</b>
City Rochester	State NY	
Zip Code 14602-0550	Purpose of Disbursement Telephone and Internet Services	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) <b>B. Frontier</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO Box 20550		Amount of Each Disbursement this Period 671.02 <b>Transaction ID : D459373</b>
City Rochester	State NY	
Zip Code 14602-0550	Purpose of Disbursement Telephone and Internet Services	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) <b>C. Frontier</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 20550		Amount of Each Disbursement this Period 671.66 <b>Transaction ID : D459923</b>
City Rochester	State NY	
Zip Code 14602-0550	Purpose of Disbursement Telephone and Internet Services	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2013.15
<b>TOTAL</b> 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 36 OF 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hal Hammond Graphics</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 1285 Seville Way			Amount of Each Disbursement this Period 5319.60 <b>Transaction ID : D459878</b>
City Sacramento	State CA	Zip Code 95816-5232	
Purpose of Disbursement Printing		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) <b>B. Jennifer A. Lopez</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 9119 Haussman St			Amount of Each Disbursement this Period 1708.32 <b>Transaction ID : D459871</b>
City Elk Grove	State CA	Zip Code 95758-7472	
Purpose of Disbursement Payroll		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) <b>c. Jennifer A. Lopez</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 9119 Haussman St			Amount of Each Disbursement this Period 1708.32 <b>Transaction ID : D458586</b>
City Elk Grove	State CA	Zip Code 95758-7472	
Purpose of Disbursement Payroll		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8736.24
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Lopez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 9119 Haussman St		Amount of Each Disbursement this Period 1708.33 <b>Transaction ID : D459080</b>
City Elk Grove	State CA Zip Code 95758-7472	
Purpose of Disbursement Payroll	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) <b>B. Jennifer A. Lopez</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 9119 Haussman St		Amount of Each Disbursement this Period 1708.33 <b>Transaction ID : D460509</b>
City Elk Grove	State CA Zip Code 95758-7472	
Purpose of Disbursement Payroll	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) <b>C. Jennifer A. Lopez</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 9119 Haussman St		Amount of Each Disbursement this Period 1708.32 <b>Transaction ID : D460679</b>
City Elk Grove	State CA Zip Code 95758-7472	
Purpose of Disbursement Payroll	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5124.98
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer A. Lopez</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 9119 Haussman St			Amount of Each Disbursement this Period 1708.33 <b>Transaction ID : D461232</b>
City Elk Grove	State CA	Zip Code 95758-7472	
Purpose of Disbursement Payroll	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 1101 15th St NW Ste 500			Amount of Each Disbursement this Period 3900.00 <b>Transaction ID : D457194</b>
City Washington	State DC	Zip Code 20005-5006	
Purpose of Disbursement Software License Fee	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 3060 Williams Dr Ste 200			Amount of Each Disbursement this Period 727.31 <b>Transaction ID : D458584</b>
City Fairfax	State VA	Zip Code 22031-4642	
Purpose of Disbursement Payroll Taxes	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6335.64
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 967.60 <b>Transaction ID : D458585</b>
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Processing Fee	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) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 70.15 <b>Transaction ID : D459078</b>
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Processing Fee	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) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 727.30 <b>Transaction ID : D459079</b>
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Taxes	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	960.60
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 70.15
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Processing Fee	Category/Type	<b>Transaction ID : D459869</b>
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) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 727.31
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : D459870</b>
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) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2015
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period 756.00
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : D459537</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1553.46
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period <b>70.15</b>
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Processing Fee	Category/Type	<b>Transaction ID : D461230</b>
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) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period <b>713.80</b>
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : D461231</b>
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) <b>c. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2015</b>
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period <b>715.30</b>
City Fairfax	State VA Zip Code 22031-4642	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : D460507</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1499.25</b>
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Paychex</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		27		2015
M M	/	D D	/	Y Y Y Y								
02		27		2015								
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period										
City Fairfax	State VA		<table border="1"> <tr> <td colspan="5">120.15</td> </tr> </table>	120.15								
120.15												
Zip Code 22031-4642		<b>Transaction ID : D460508</b>										
Purpose of Disbursement Payroll Processing Fee	Category/Type											
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Paychex</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y								
03		13		2015								
Mailing Address 3060 Williams Dr Ste 200		Amount of Each Disbursement this Period										
City Fairfax	State VA		<table border="1"> <tr> <td colspan="5">713.81</td> </tr> </table>	713.81								
713.81												
Zip Code 22031-4642		<b>Transaction ID : D460678</b>										
Purpose of Disbursement Payroll Taxes	Category/Type											
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Political Compliance Management Services</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		11		2015
M M	/	D D	/	Y Y Y Y								
03		11		2015								
Mailing Address 1050 17th St NW Ste 590		Amount of Each Disbursement this Period										
City Washington	State DC		<table border="1"> <tr> <td colspan="5">664.05</td> </tr> </table>	664.05								
664.05												
Zip Code 20036-5592		<b>Transaction ID : D460587</b>										
Purpose of Disbursement Accounting Services	Category/Type											
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="5">1498.01</td> </tr> </table>	1498.01				
1498.01						
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

**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 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial)  
**A. Political Compliance Management Services**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 11 / 2015

Amount of Each Disbursement this Period: 2403.53

Transaction ID : D459630

Full Name (Last, First, Middle Initial)  
**B. Political Compliance Management Services**

Mailing Address 1050 17th St NW Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 1545.74

Transaction ID : D457179

Full Name (Last, First, Middle Initial)  
**c. Schauer Rentals**

Mailing Address PO Box 333

City Walnut Grove State CA Zip Code 95690-0333

Purpose of Disbursement Office Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2015

Amount of Each Disbursement this Period: 600.00

Transaction ID : D457185

**SUBTOTAL** of Disbursements This Page (optional) ..... 4549.27

**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 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schauer Rentals</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address PO Box 333		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D459368</b>
City Walnut Grove	State CA	
Zip Code 95690-0333	Purpose of Disbursement Office Rent	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) <b>B. Schauer Rentals</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address PO Box 333		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : D459919</b>
City Walnut Grove	State CA	
Zip Code 95690-0333	Purpose of Disbursement Office Rent	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) <b>c. SMUD (Sacramento Municipal Utility Dist.)</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address 6201 S Street		Amount of Each Disbursement this Period 161.68 <b>Transaction ID : D459917</b>
City Sacramento	State CA	
Zip Code 95817-1818	Purpose of Disbursement Utilities	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1361.68
<b>TOTAL</b> 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 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. SMUD (Sacramento Municipal Utility Dist.)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 6201 S Street		Amount of Each Disbursement this Period 4,567.89 155.18
City Sacramento State CA Zip Code 95817-1818	Purpose of Disbursement Utilities	
Candidate Name	Category/Type	<b>Transaction ID : D459370</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. SMUD (Sacramento Municipal Utility Dist.)</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 6201 S Street		Amount of Each Disbursement this Period 4,567.89 122.41
City Sacramento State CA Zip Code 95817-1818	Purpose of Disbursement Utilities	
Candidate Name	Category/Type	<b>Transaction ID : D457191</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 4,567.89 4000.00
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	<b>Transaction ID : D457180</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4277.59
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : D459629</b>
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Frost Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 3422 Porter St NW		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : D460586</b>
City Washington State DC Zip Code 20016-3126	Purpose of Disbursement Fundraising Consulting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Rupert Duncan Band</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address PO Box 514		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D459879</b>
City Rio Linda State CA Zip Code 95673	Purpose of Disbursement Fundraising Event Entertainment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8500.00
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vacaville Reporter</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 512260		Amount of Each Disbursement this Period 352.00
City Los Angeles	State CA	
Zip Code 90051-0260	Purpose of Disbursement Advertising	Transaction ID : D457193
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 1124.56
City Los Angeles	State CA	
Zip Code 90069	Purpose of Disbursement Credit Card Payment	Transaction ID : D457195
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 264.87
City Los Angeles	State CA	
Zip Code 90069	Purpose of Disbursement Service Charge	Transaction ID : D457196
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1476.56
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 346.84
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Telephone Services	Transaction ID : <b>D457197</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 349.60
City Atlanta	State GA	
Zip Code 30354-1989	Purpose of Disbursement Travel	Transaction ID : <b>D457200</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 11.20
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel	Transaction ID : <b>D457199</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Patricia Garamendi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 14216 State Highway 160		Amount of Each Disbursement this Period 835.94 <b>Transaction ID : D457204</b>
City Walnut Grove State CA Zip Code 95690-9741	Purpose of Disbursement Catering Reimbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 7981 E. Stockton Blvd.		Amount of Each Disbursement this Period 835.94 <b>Transaction ID : D457203</b> <b>[MEMO ITEM]</b>
City Sacramento State CA Zip Code 95823-9606	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 2190.53 <b>Transaction ID : D459375</b>
City Los Angeles State CA Zip Code 90069	Purpose of Disbursement Credit Card Payment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3026.47
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address P.O. Box 0001		Amount of Each Disbursement this Period 354.98
City Los Angeles	State CA	Zip Code 90069
Purpose of Disbursement Service Charge	Category/ Type	
Candidate Name	Transaction ID : D459376	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 359.65
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement Telephone Service	Category/ Type	
Candidate Name	Transaction ID : D459377	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 30 / 2015
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 742.70
City Atlanta	State GA	Zip Code 30354-1989
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Transaction ID : D459378	
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:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 1776 K Street		Amount of Each Disbursement this Period 733.20
City Washington	State DC	
Zip Code 20006-1040	Purpose of Disbursement Travel	Transaction ID : D459379
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America Commercial Card</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address PO Box 15796		Amount of Each Disbursement this Period 755.49
City Wilmington	State DE	
Zip Code 19886-5796	Purpose of Disbursement Credit Card Payment	Transaction ID : D459526
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chevron Elk Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 8100 Sheldon Rd		Amount of Each Disbursement this Period 24.96
City Elk Grove	State CA	
Zip Code 95758-5963	Purpose of Disbursement Travel	Transaction ID : D459528
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	755.49
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 442.10
City Atlanta	State GA	
Zip Code 30354-1989		Transaction ID : D459534
Purpose of Disbursement Travel	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. InMotion Entertainment</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 6900 Airport Blvd.		Amount of Each Disbursement this Period 38.14
City Sacramento	State CA	
Zip Code 95837		Transaction ID : D459527
Purpose of Disbursement Electronic Equipment	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell Oil - Elk Grove</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 9100 Harbour Point Dr		Amount of Each Disbursement this Period 63.70
City Elk Grove	State CA	
Zip Code 95758-7414		Transaction ID : D459529
Purpose of Disbursement Travel	Category/Type	
Candidate Name		[MEMO ITEM]
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sierra Station #34</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 05 / 2015</b>
Mailing Address <b>18372 State Highway 108</b>			Amount of Each Disbursement this Period <b>23.80</b>
City <b>Jamestown</b>	State <b>CA</b>	Zip Code <b>95327-9615</b>	Transaction ID : <b>D459531</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement <b>Travel</b>		Category/Type	
Candidate Name		Disbursement For: <input 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>B. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>P.O. Box 0001</b>			Amount of Each Disbursement this Period <b>675.81</b>
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90069</b>	Transaction ID : <b>D459910</b>
Purpose of Disbursement <b>Credit Card Payment</b>		Category/Type	
Candidate Name		Disbursement For: <input 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>c. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 01 / 2015</b>
Mailing Address <b>P.O. Box 0001</b>			Amount of Each Disbursement this Period <b>319.74</b>
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90069</b>	Transaction ID : <b>D459914</b>  <b>[MEMO ITEM]</b>
Purpose of Disbursement <b>Service Charge</b>		Category/Type	
Candidate Name		Disbursement For: <input 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>675.81</b>
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 285.08
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Telephone Services	Transaction ID : D459911
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of America Commercial Card</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address PO Box 15796		Amount of Each Disbursement this Period 5624.92
City Wilmington	State DE	
Zip Code 19886-5796	Purpose of Disbursement Credit Card Payment	Transaction ID : D459956
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aaron Brothers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 7401 Laguna Blvd Ste 120		Amount of Each Disbursement this Period 1029.24
City Elk Grove	State CA	
Zip Code 95758	Purpose of Disbursement Supplies	Transaction ID : D459972
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5624.92
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 804.60
City Fort Worth	State TX	
Zip Code 76155-2605	Purpose of Disbursement Travel	Transaction ID : D459958 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address Payment Center		Amount of Each Disbursement this Period 284.57
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Telephone Services	Transaction ID : D459996 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chevron Elk Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 8100 Sheldon Rd		Amount of Each Disbursement this Period 35.44
City Elk Grove	State CA	
Zip Code 95758-5963	Purpose of Disbursement Travel	Transaction ID : D459994 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 317.00
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : <b>D459970</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 313 F St		Amount of Each Disbursement this Period 311.98
City Davis	State CA Zip Code 95616-4117	
Purpose of Disbursement Printing	Candidate Name	Transaction ID : <b>D459971</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. Johnny's Half Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 400 N Capitol St NW		Amount of Each Disbursement this Period 469.30
City Washington	State DC Zip Code 20001-1511	
Purpose of Disbursement Catering	Candidate Name	Transaction ID : <b>D459967</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Restaurant Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 600 Constitution Ave NW		Amount of Each Disbursement this Period 48.65
City Washington	State DC	
Zip Code 20002-6036	Purpose of Disbursement Catering	Transaction ID : D459957
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil - Elk Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 9100 Harbour Point Dr		Amount of Each Disbursement this Period 30.49
City Elk Grove	State CA	
Zip Code 95758-7414	Purpose of Disbursement Travel	Transaction ID : D459992
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sheraton Society Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1 Dock St		Amount of Each Disbursement this Period 1414.03
City Philadelphia	State PA	
Zip Code 19106-3939	Purpose of Disbursement Travel	Transaction ID : D459965
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sierra Station #34</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 18372 State Highway 108		Amount of Each Disbursement this Period 46.54
City Jamestown	State CA	
Zip Code 95327-9615	Purpose of Disbursement Travel	Transaction ID : D459963 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. State Compensation Insurance Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address PO Box 748170		Amount of Each Disbursement this Period 235.75
City Los Angeles	State CA	
Zip Code 90074-0165	Purpose of Disbursement Workers' Compensation Insurance	Transaction ID : D459988 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1776 K Street		Amount of Each Disbursement this Period 115.00
City Washington	State DC	
Zip Code 20006-1040	Purpose of Disbursement Travel	Transaction ID : D459959 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Bank of America Commercial Card</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>18</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		18		2015
M M	/	D D	/	Y Y Y Y								
03		18		2015								
Mailing Address PO Box 15796		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Wilmington</td> <td>DE</td> <td>19886-5796</td> </tr> </table>		City	State	Zip Code	Wilmington	DE	19886-5796	<table border="1"> <tr> <td>3182.04</td> </tr> </table>	3182.04			
City	State	Zip Code										
Wilmington	DE	19886-5796										
3182.04												
Purpose of Disbursement Credit Card Payment		Transaction ID : <b>D460800</b>										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President		
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)										
<input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. AT&amp;T</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>18</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		18		2015
M M	/	D D	/	Y Y Y Y								
03		18		2015								
Mailing Address Payment Center		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Sacramento</td> <td>CA</td> <td>95814</td> </tr> </table>		City	State	Zip Code	Sacramento	CA	95814	<table border="1"> <tr> <td>359.36</td> </tr> </table>	359.36			
City	State	Zip Code										
Sacramento	CA	95814										
359.36												
Purpose of Disbursement Telephone Services		Transaction ID : <b>D460817</b>										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President		
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)										
<input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Bank of America Commercial Card</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>18</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		18		2015
M M	/	D D	/	Y Y Y Y								
03		18		2015								
Mailing Address PO Box 15796		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Wilmington</td> <td>DE</td> <td>19886-5796</td> </tr> </table>		City	State	Zip Code	Wilmington	DE	19886-5796	<table border="1"> <tr> <td>0.34</td> </tr> </table>	0.34			
City	State	Zip Code										
Wilmington	DE	19886-5796										
0.34												
Purpose of Disbursement Transaction Fee		Transaction ID : <b>D460844</b>										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President		
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)										
<input type="checkbox"/> President												
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3182.04
<b>TOTAL</b> 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 62			
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chevron Elk Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 8100 Sheldon Rd		Amount of Each Disbursement this Period 27.54
City Elk Grove	State CA Zip Code 95758-5963	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D460805
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 494.10
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : D460810
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. InMotion Entertainment</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 6900 Airport Blvd.		Amount of Each Disbursement this Period 194.39
City Sacramento	State CA Zip Code 95837	
Purpose of Disbursement Electronic Equipment	Candidate Name	Transaction ID : D460826
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 62	
	<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)  
**Garamendi for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shell Oil - Elk Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 9100 Harbour Point Dr		Amount of Each Disbursement this Period 68.46
City Elk Grove	State CA	
Zip Code 95758-7414	Purpose of Disbursement Travel	Transaction ID : D460803
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 745.20
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel	Transaction ID : D460809
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 1776 K Street		Amount of Each Disbursement this Period 993.60
City Washington	State DC	
Zip Code 20006-1040	Purpose of Disbursement Travel	Transaction ID : D460811
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	67588.95

**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)

**Garamendi for Congress**

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

**Delta Sierra Beverage**

Nature of Debt (Purpose):

Fundraising Event Beverages

Mailing Address 3700 Finch Rd

City State

Zip Code

Modesto

CA

95357-4140

Outstanding Balance Beginning This Period

937.60

Transaction ID : D438693

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

937.60

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

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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) .....

937.60

2) **TOTALS** This Period (last page this line number only) .....

937.60

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) ▶

937.60