

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
Francisco For Congress

ADDRESS (number and street) 2407 Anacapa Street
 Check if different than previously reported. (ACC) Santa Barbara CA 93105

2. **FEC IDENTIFICATION NUMBER** C C00551721 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CA 24

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Chrissie Hastie
Signature of Treasurer Chrissie Hastie *[Electronically Filed]* Date M M / D D / Y Y Y Y 10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Francisco 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))....	0.00	156480.00
(b) Total Contribution Refunds (from Line 20(d))	2600.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-2600.00	153880.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2079.39	196372.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	6049.18	6049.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	-3969.79	190323.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8.80	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	68334.60	

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

Francisco For Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	146950.00
(ii) Unitemized.....	0.00	9455.00
(iii) TOTAL of contributions from individuals ▶	0.00	156405.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	75.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	156480.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1600.00	55452.48
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1600.00	55452.48
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	6049.18	6049.18
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7649.18	217981.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2079.39	196372.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	9000.00	19000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	9000.00	19000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2600.00	2600.00
(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)).....	2600.00	2600.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	13679.39	217972.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6039.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7649.18
25. SUBTOTAL (add Line 23 and Line 24).....	13688.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13679.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 17		
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Dale Francisco

Mailing Address **PO Box 22007**

City **Santa Barbara** State **CA** Zip Code **93121-**

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

Name of Employer Candidate _____ Occupation Candidate _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **55452.48**

Date of Receipt
09 / 11 / 2014

Transaction ID : 41010.C815

Amount of Each Receipt this Period
1600.00

Loans Made/Guaranteed by Cand. _____

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 _____

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 _____

Amount of Each Receipt this Period _____

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

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

1600.00

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 6 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Santa Barbara County Registrar

Mailing Address 4440-A Calle Real

City Santa Barbara State CA Zip Code 93110-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5681.83

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

Transaction ID : 41010.C811

Amount of Each Receipt this Period
5681.83

Offsets to Operating Expenditu

NOTE: Refund of Overpmt

B. Full Name (Last, First, Middle Initial)
Venture County Registrar of Voters

Mailing Address 800 South Victoria Avenue

City Ventura State CA Zip Code 93009-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
367.35

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

Transaction ID : 41010.C814

Amount of Each Receipt this Period
367.35

Offsets to Operating Expenditu

NOTE: Refund of Overpmt

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).....

6049.18

6049.18

**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 7 OF 17			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. In Compliance Inc.			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address PO Box 751271			Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	Zip Code 89136-	Transaction ID : 41010.E1064
Purpose of Disbursement Consulting Compliance	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		CONSULTING COMPLIANCE
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Marriott Hotel			Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2014
Mailing Address 6161 W. Century Blvd			Amount of Each Disbursement this Period 437.42
City Los Angeles	State CA	Zip Code 90045-	Transaction ID : 41010.E1063
Purpose of Disbursement Travel	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TRAVEL
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Cox Communications			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2014
Mailing Address PO Box 53262			Amount of Each Disbursement this Period 314.97
City Phoenix	State AZ	Zip Code 85072-	Transaction ID : 40707.E1043
Purpose of Disbursement Telephone & Internet	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TELEPHONE & INTERNET
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	1752.39
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 8 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. California Republican Party		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 1903 West Magnolia Boulevard		Amount of Each Disbursement this Period 295.00
City Burbank	State CA	
Zip Code 91506-	Purpose of Disbursement Mtg Registration Fees	Transaction ID : 41010.E1062
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)	MTG REGISTRATION FEES
State: District:		

Full Name (Last, First, Middle Initial) B. California Republican Party		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 1903 West Magnolia Boulevard		Amount of Each Disbursement this Period 32.00
City Burbank	State CA	
Zip Code 91506-	Purpose of Disbursement Mtg Registration Fees	Transaction ID : 41010.E1054
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)	MTG REGISTRATION FEES
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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:		

SUBTOTAL of Disbursements This Page (optional).....	327.00
TOTAL This Period (last page this line number only).....	2079.39

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

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NAME OF COMMITTEE (In Full)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Dale Francisco		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address PO Box 22007		Amount of Each Disbursement this Period 4000.00 Transaction ID : 41010.E1056
City Santa Barbara	State CA	
Zip Code 93121-	Purpose of Disbursement Repay Loan Made/Guar. by Cand	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dale Francisco		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014
Mailing Address PO Box 22007		Amount of Each Disbursement this Period 3000.00 Transaction ID : 41011.E1067
City Santa Barbara	State CA	
Zip Code 93121-	Purpose of Disbursement Repay Loan Made/Guar. by Cand	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dale Francisco		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address PO Box 22007		Amount of Each Disbursement this Period 2000.00 Transaction ID : 41011.E1068
City Santa Barbara	State CA	
Zip Code 93121-	Purpose of Disbursement Repay Loan Made/Guar. by Cand	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9000.00
TOTAL This Period (last page this line number only).....	9000.00

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

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NAME OF COMMITTEE (In Full)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Robert Reingold		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1482 East Valley Road #601		Amount of Each Disbursement this Period 2600.00 Transaction ID : 40707.E1044
City Santa Barbara State CA Zip Code 93108-	Purpose of Disbursement Refund of Contribution Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	2600.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Francisco For Congress

Transaction ID : LS40521.C724

LOAN SOURCE Full Name (Last, First, Middle Initial)

Dale Francisco

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 22007

City State ZIP Code
Santa Barbara CA 93121-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32000.00	19000.00	13000.00

TERMS

Date Incurred: M 04 / D 24 / Y 2014
 Date Due: M M / D D / ONDEMAND
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	13000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Francisco For Congress** Transaction ID : **LS40712.C809**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Dale Francisco Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address PO Box 22007
 City Santa Barbara State CA ZIP Code 93121-

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21852.48	0.00	21852.48

TERMS
 Date Incurred: M 05 / D 15 / Y 2014 Date Due: M / D / ONDEMAND Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 21852.48
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Francisco For Congress** Transaction ID : **LS41010.C815**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dale Francisco** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 22007

City State ZIP Code
 Santa Barbara CA 93121-

Original Amount of Loan 1600.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1600.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred M 09 / D 11 / Y 2014	Date Due M 10 / D 10 / Y 2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	----------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1600.00
TOTALS This Period (last page in this line only).....	▶	36452.48

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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)

Francisco For Congress

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

Red Rock Strategies

Nature of Debt (Purpose):
Consulting Management

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Outstanding Balance Beginning This Period

14500.00

Transaction ID : LS40710.E1045

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14500.00

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

Red Rock Strategies

Nature of Debt (Purpose):
Media

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Outstanding Balance Beginning This Period

6150.00

Transaction ID : LS40522.E985

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6150.00

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

Red Rock Strategies

Nature of Debt (Purpose):
Travel

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Outstanding Balance Beginning This Period

234.56

Transaction ID : LS40415.E910

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

234.56

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

20884.56

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Travel
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 3419.54	Transaction ID : LS40710.E1046	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3419.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Red Rock Strategies	Nature of Debt (Purpose): Data Lists
Mailing Address 9500 East Flamingo #203	
City State Zip Code Las Vegas NV 89147-	

Outstanding Balance Beginning This Period 54.49	Transaction ID : LS40710.E1047	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 54.49

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor In Compliance Inc.	Nature of Debt (Purpose): Consulting Compliance
Mailing Address PO Box 751271	
City State Zip Code Las Vegas NV 89136-	

Outstanding Balance Beginning This Period 4950.00	Transaction ID : LS40415.E911	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4950.00

1) SUBTOTALS This Period This Page (optional)	8424.03
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Francisco For Congress

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

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Consulting Compliance

Outstanding Balance Beginning This Period	Transaction ID : LS41010.E1064	
<input type="text" value="3000.00"/>	Amount Incurred This Period	Payment This Period
<input type="text" value="0.00"/>	<input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period
		<input type="text" value="2000.00"/>

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

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Office Supplies

Outstanding Balance Beginning This Period	Transaction ID : LS40710.E1050	
<input type="text" value="23.78"/>	Amount Incurred This Period	Payment This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	Outstanding Balance at Close of This Period
		<input type="text" value="23.78"/>

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

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Printing

Outstanding Balance Beginning This Period	Transaction ID : LS40415.E912	
<input type="text" value="2.00"/>	Amount Incurred This Period	Payment This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	Outstanding Balance at Close of This Period
		<input type="text" value="2.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="2025.78"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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)

Francisco For Congress

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

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Printing

Outstanding Balance Beginning This Period **Transaction ID : LS40710.E1049**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Shipping

Outstanding Balance Beginning This Period **Transaction ID : LS40415.E913**

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
Prosper Group

Mailing Address 435 East Main Street #250

City State Zip Code
 Greenwood IN 46143-

Nature of Debt (Purpose):
 Email Svcs

Outstanding Balance Beginning This Period **Transaction ID : LS40710.E1048**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="547.75"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="31882.12"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="36452.48"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="68334.60"/>