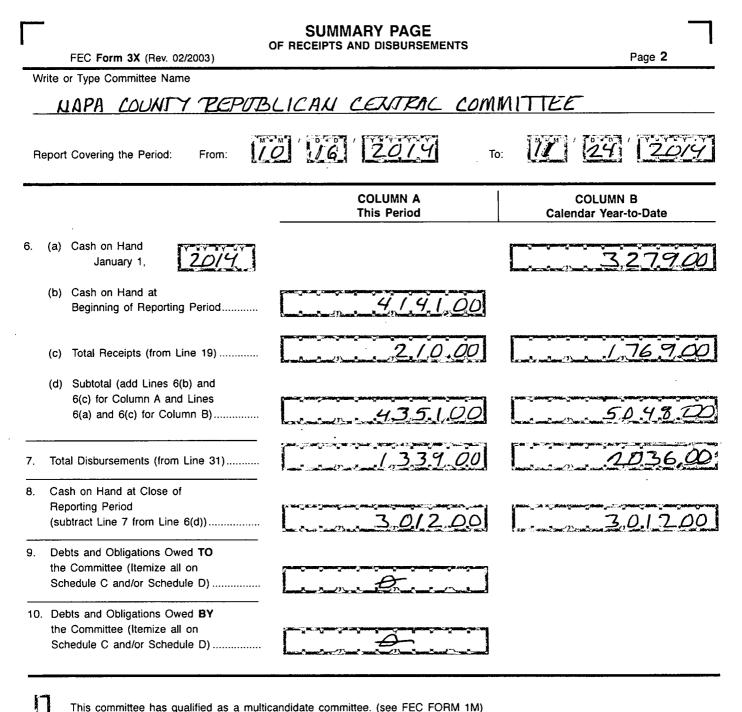
FEC FORM 3X	AN	PORT OF F D DISBURS ther Than An Author	SEMENTS	;	REC 2014 DFG	EIVED	
1. NAME OF COMMITTEE (in f		OR PRINT V	Example: If typing over the lines.	g, type	12FE4M5C MA	ALL CEN	ſĒħ
ADDRESS (number and Check if diffe than previous reported. (AC 2. FEC IDENTIFICA C: 004 4. TYPE OF REP (Choose One) (a) Quarterly Rep		3. IS 3. IS Report Due On:	CAN, CEN 3,2.63	L L L L L L L L L L L L L L L L L L L		 <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
April 15 Quarterly July 15 Quarterly October Quarterly January Year-End July 31 M Report (I Year Onl	Report (Q1) Report (Q2) 15 Report (Q3) 31 Report (YE) Viid-Year Non-election	(C) 12-Day PRE-Election Report for the: Election (d) 30-Day POST-Election Report for the: Election	Primary (12P) Convention (1	(2C)	Oct 20 (M1 General (12G) Special (12S) Runoff (30R)	0) in the State of	Year Only) Jan 31 (YE) Runoff (12R) Special (30S)
Type or Print Name o Signature of Treasure	tarnined this Re	port and to the best of DOSEPH T DOSEPH or incomplete information	my knowledge and b BLEVINS	D	e, correct and com pate	28	.S.C. §437g.

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This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)	DET		UMMARY Receipts	PAGE			P	age 3
Write or Type Committee Name		<u></u>						
NAFA COUNTY Z	PIT	RIICA	N CEN	TTA	- MA	nn	TTEE	
Report Covering the Period: From:	<u>، ۵ , ۵ ,</u> ال	<u>الم الم الم الم الم الم الم الم الم الم </u>	2019	;			24	2014
I. Receipts		т	COLUMN A otal This Per				COLUMN B dar Year-to-	Date
 Contributions (other than loans) From: Individuals/Persons Other Than Political Committees itemized (use Schedule A) temized (use Schedule A) Unitemized	·····	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,			, , , , , , , , , , , , , , , , , , ,	. <i>0</i> , 1,.7 1,7	69.00 69.00 0 0 0 69.00 0 0 0 0 0 0
 (Dividends, Interest, etc.)	Funds D)) ►	3 3 4 4 4 4 4 5 5	, , , , , , , , , , , , , , , , , , , ,			· , , , ,		€ €

FE6AN028

DETAILED SUMMARY PAGE

of Disbursements

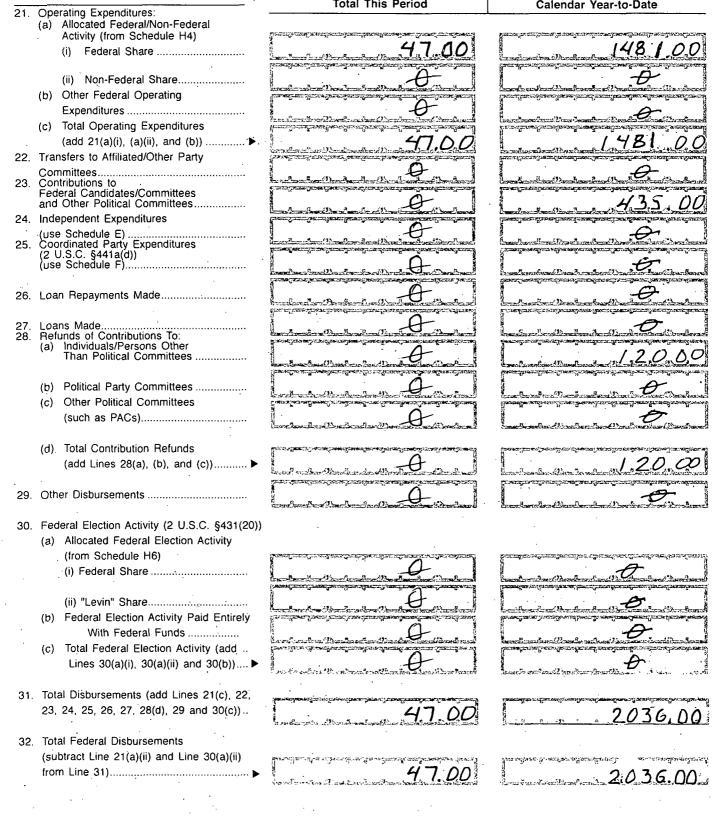
FEC Form 3X (Rev. 02/2003) II. Disbursements

COLUMN A **Total This Period**

COLUMN B

Page 4

Calendar Year-to-Date



FE6AN026

FEC Form 3X (Rev. 02/2003)	ETAILED SUMMARY PAGE of Disbursements	Page 5
III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 1 .000	1,769.00
34. Total Contribution Refunds (from Line 28(d))	, 120.0 D	, , 120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, <i>90.0</i> 0	, ,1649.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	, , 47.0 0	, 14 21.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	, , D .	, D
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, , , 43.00	1481.00

FE6AN026

CHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE 6 OF 12		
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee			
NAME OF COMMITTEE (IN FUII)	EPUBLICAN CENTRAL CL	OMMITTEE		
Full Name (Last, First, Middle Initial)		Date of Receipt		
Maihog Address	State Zip Code	N TO MARK / DOT DIE / DI		
		Amount of Each Receipt this Period		
FEC ID number at contributing federal political committee.	Construction of the set of the se	n analysis and a second se The second se The second s The second		
Name of Employer	Occupation			
Receipt For: Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date V generations for some generation and and the set of t			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		And the second of the second o		
City	Stale Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	Consider a start and a second se	n magazi ganagita (, , , , , , , , , , , , , , , , , ,		
Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V	S K		
Full Name (Last, First, Middle Initial) C.		Date of Receipt		
Mailing Address		LIMORAL V D. LOL V LAND S. MILLAN		
City	State Zip Code	Amougt of Each Receipt this Period		
FEC ID number of contributing federal political committee.				
Name of Employer	Occupation	\neg		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
	nal)	- ' ' \		

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SCHEDULE B (FEC Form 3X)	[FOR LINE N	ILIMBER PAGE 7 OF / 2				
TEMIZED DISBURSEMENTS Use separate schedule(s) (ch for each category of the			/ one)				
	Detailed Summary Page	21b 27	28a 28b 28c 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
/ NATPA COUNTY REPUBLICA	IN CENTRAL C	OMMIT	TEE				
A. Full Name (Last, First, Middle Initial)			Date of Disbursement				
			MAN I COLO I IVIII VIIV				
Mailing Address	<u></u>		Los I larrad Larrad				
City	State Zip Code						
Purpose of Disburgement		· . • .					
Candidate Name		Category/	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:	Туре	المحمد المستدر المحمد ووجا التوسيك معاد متحمد والمح				
Senate	Primary General						
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)			·····				
B.			Date of Disbursement				
Mailing Address			Sand and Francisco Francisco and				
City	State Zip Code						
Purpose of Disbursement							
Candidate Name			Amount of Each Disbursement this Period				
		Category/ Type	فيتصدد سترجيه ووب المعروف الارتجار				
Office Sought: House Disburse	ment For: Primary General						
President State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)		$\overline{}$					
С.			Date of Disbursement				
Mailing Address							
City	State Zip Code		<u> </u>				
Purpose of Disbursement	T						
Candidate Name		•	Amount of Each Disbursement this Period				
		Category/ Type	and and will be share a function of the state				
Office Sought: House Disburse	ement For: Primary General						
President	Other (specify)						
State: District:		····					
SUBTOTAL of Disbursements This Page (optional)		•••••					
TOTAL This Period (last page this line number only	/)	•••••••	- Land - Land - Contractor				
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SCHEDULE C (FEC Form 3X) LOANS

OANS			Use separate schedule for each category of th Detailed Summary Pag	e	OF 12 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			E	I	
ALAPA COUNTY			CENTRAL LO	MMITTEE	£
Mailing Address	Last, First, Midd			General Other (specify) v .
City		State Z	IP Code		
Original Amount of Loan		Cumulative Paym		lance Outstanding at	Close of This Period
i ,		y summary and	; .	-	, .
TERMS		n	e Due Interest Ra		Secured
	× * * *	→ M . 5 0		te . % (apr)	Secured:
List All Endorsers or Guaran	itors (in any) to	Loan Source			
1. Full Name (Last, First, Mic			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed		
			Outstanding:	3 5	÷
2. Full Name (Last, First, Mid	ale Initial)	$\overline{\lambda}$	Name of Employer		
Mailing Address					
City	State	ZIP Code	Amount Guaranteed Outstanding:	, ,	
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer		
Mailing Address	<u> </u>		Occupation		
City	State	ZIP Code	Amount Guaranteed	, ,	
4. Full Name (Last, First, Mid	dle Initial)		Outstanding: Name of Employer	<u> </u>	
Mailing Address	<u> </u>		Occupation	\rightarrow	
			Amount	\longrightarrow	
City	State	ZIP Code	Guaranteed Outstanding:	, ,	
SUBTOTALS This Period This F TOTALS This Period (last page				3	' .
				· • •	; · `
Carry outstanding balance only	to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry fo	rward to appropriat	e line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LE	ENDING INSTITUTIONS	6	G OF 12 Supplementary for Information found on Page of Schedule C	
Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full)	FEC	FEC IDENTIFICATION NUMBER		
NIAPA COUNTY REPUBLI	ICHAL CENTROL C	C	00455659	
LENDING INSTITUTION (LENDER)	Amount of Loan	•	Interest Rate (APR)	
Full Name			. %	
Mailing Address	· · · ·	63 44	/ O D · Y · Y Y	
\mathbf{X}	Date Incurred or Established			
City State Zip Code	Date Due	N? M	/ o o / y / y /	
A. Has loan been restructured?	If yes, date originally incurred		/ 0 U . Y . Y Y	
B. If line of credit, Amount of this Draw:	Total Outstanding . Balance:	,	, -	
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? hust be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or othe	of deposit, chattel papers, er similar traditional collateral?	, Does the ler	value of this collateral?	
E. Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes,	specify		estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:	Location of account: Address: City, State, Zip:			
F. If neither of the types of collateral described above w the loan amount, state the basis upon which this loa	vas pledged for this loan, or if the	amount pled	ged does not equal or exceed s repayment.	
G. COMMITTEE TREASURER Typed Name Signature		DATE	, , , , , , , , , , , , , , , , , , ,	
H. Attach a signed copy of the loan agreement.	<u> </u>		<u> </u>	
 I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions (similar extensions of credit to other borrowers III. This institution is aware of the requirement tha complied with the requirements set forth at 11 	terms of the loan and other infor including interest rate) no more for of comparable credit worthiness. It a loan must be made on a bas	avorable at th is which assu ting this loan.	e time than those imposed for tres repayment, and has	
AUTHORIZED REPRESENTATIVE Typed Name		DATE		
	Title			

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SCHEDULE D (FEC Form 3X)	(Use separate	PAGE 10 OF 12
DEBTS AND OBLIGATIONS	schedule(s)	
Excluding Loans	for each numbered line)	(check only one) 9 10
NAME OF COMMITTEE (In Full)	· • · · · · · · · · · · · · · · · · · ·	·····
NAPA COUNTY REPUBLICAN CENTRAL	COMMITTO	ĒĒ
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of I	Debt (Purpose):
		· ·
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	1	
to an and the second second and and a second s		
Amount Incurred This Period Payment This Period		ting Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
Mailing Address		
City State Zip Code		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment Phis Period	Outstar	ding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of	Debt (Purpose):
	\mathbf{X}	
Mailing Address		
City . State Zip Code		
		·
Outstanding Balance Beginning This Period		
		\backslash
معتمد المعتاك المعالية		nding Balance at Close of This Period
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Second a strand investigation of a second s Second second se Second second s Second second s Second second se	an alla an la star d'an la san la	and and the art of the American Strand St
1) SUBTOTALS This Period This Page (optional)		$\label{eq:second} \begin{split} & = \left\{ \begin{array}{llllllllllllllllllllllllllllllllllll$
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	ge only) 🕨 🧯	··· , · · · · · · · · · · · · · · · · ·

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES			PAGE / OF / 7
AME OF COMMITTEE (In Full)	An is - 1997 - 1997 - 1997 - 1997 - 1997 - 19 97 - 1997 -	F	EC IDENTIFICATION NUMBER V
NAPA COUNTY REP	UTELICAN CENTE	k com	C <i>004556</i> 59
Check if 24-hour report 48-hour report	New report Amends report	1 1111	ж, , , , , , , , , , , , , , , , , , ,
Full Name (Last, First, Middle Initial) of Payee	<u> </u>	Date	
			Mad (nonone,) house the same
Mailing Address		Amount	ineral kanalana kanalamahamati
City S	state Zip Code		สมอาณี เพราะ เราะรูปการการการการการการการการการการการการการก
Purpose of Expenditure	Category/ Type	Office Sought	t: House State: Senate District:
Name of Federal Candidate Supported or Opposed by	/ Expenditure:	Check One:	President Support Oppose
Calendar Year-To-Date Per Election	1 m brand a france of the dama	Disbursemen	t For: Primary General
Full Name (Last, First, Middle Initial) of Payee		Date	
	\	[n	
Mailing Address		Amour	adamad barrakanat kanakanatanakan ht
City	State Cip Code		
Purpose of Expenditure	Categov/	Office Sougl	nt: House State: Senate District:
Name of Federal Candidate Supported or Opposed b	by Expenditure:	Check One:	President
Calendar Year-To-Date Per Election for Office Sought	line chier chier	Disburseme	nt For: Primary General ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5		ราชรีวาระการสารระบบ เรื่องระบบ รู้สารราบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื เรายรีวาระการสารระบบ เรายรู้สารระบบ รู้สารราบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื่องระบบ เรื่องระบบ
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres	··· ►	and a subsection of the section of t
(c) TOTAL Independent Expenditures		··· •	en negen i gesen finse
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized committee or agent	e not made in of either, or (if	cooperation, consultation, or concert the reporting entity is not a political
Signature	Da	te	
			FEC Schedule E (Form 3X) Bey 07/

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HEDULE F (FEC Form 3X)			
MIZED COORDINATED PARTY E			
LITICAL PARTY COMMITTEES C		-	
BEHALF OF CANDIDATES FOR		PAGE 12 OF 12	
U.S.C. §441a(d)) (To be us	ed only by Political Committees in the	General Election)	FOR LINE 25 OF FORM 3X
ME OF COMMITTEE (In Full)			
NADA COUNTY TRE	THIN IC ALL CET IT	DNI MANAN	1 1777-1-
s your committee been designated to make	FURLICAN CENTR		THEE
ordinated expenditures by a political party com		11.00	
(ES, name the designating committee:			
	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each	Рауее	Purpose of Exper	nditure prove and a second
<u> </u>			Category/
Mailing Address		0.01	Туре
City	State Zip Code	Date	a tr. Pradi V Racharda da Barda d
Name of Federal Candidate Supported Offi	ce Sought: House State:	Amount	
	Senate District:	D. S. MOLLERARY MERINE	กรรียดระสัมระกรสักรรถเริ่มสาต สินครณ์นิยมเหนืออย
└─── └ ──	Presidential		Annalis - The south of the second
Aggregate General Election Expenditure for this Candidate	กที่สรารระโหนายานใหมาย เมือง เหมนี้จะ เวลานี้มาตาง เป็นหน่ายใหมากรับการไหว่		
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Full Name (Last, First, Middle Initial) of Each	n Payee	Purpose of Expe	Inditure
			โรมวิภาณโรม
Mailing Address			Category Type
	X	Date	
City	State Zip Code	1	
Name of Federal Candidate Supported Of		(2075/2000)	nalena harr kannalarenkeren
	lice Sought: House State:		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
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Expenditure for this Candidate >			
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			Categor
Mailing Address			Туре
City	State 71- 0-1-	Date	
City	State Zip Code		Puter Puter (here a strategy and the st
Name of Federal Candidate Supported O	ffice Sought: House State:		to when the survey limited
	Senate District:	Amount	an franska an franska an franska str
	Presidential		
Aggregate General Election	$w_{0},c_{1}^{2},w_{0},\dot{z}_{2},w,\dot{w}_{1},\dot{z}_{2},w_{1},\dot{z}_{2},\dot{w}_{2},\dot{w}_{2},\dot{w}_{1},\dot{w}_{2$	لى مى مەربىي مەربى ھەرد ۋ ا	and a second
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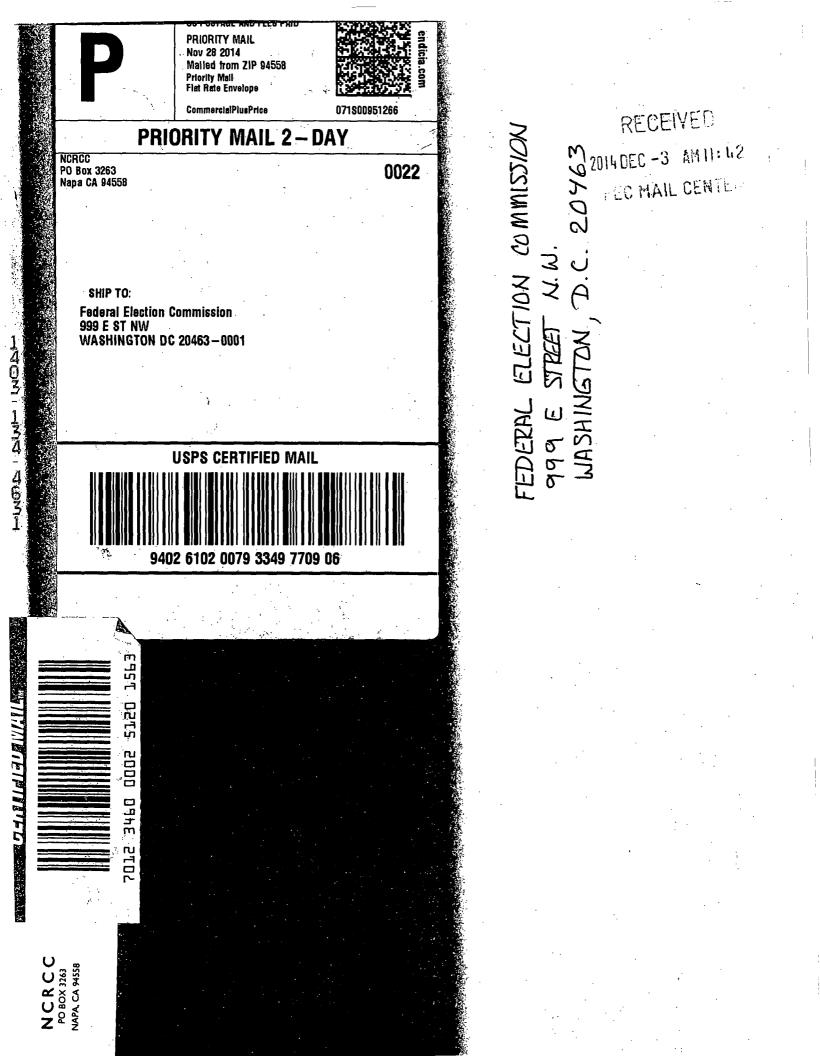
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FEC Schedule F (Form 3X) Rev. 02/2009

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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
. N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
A	12/3/14
PREPARER (8/2013)	DATE PREPARED