FE6AN026

FEC REAL CENTER

2010 APR 13 PM 12: 02

**FEC** FORM 3X

# AND DISBURSEMENTS For Other Than An Authorized Committee

						0	ffice Use Only
1. NAME COMM	OF TO ITTEE (in full)	YPE OR PRINT		mple: If typi r the lines.	ng, type	12FE4M5	And the second s
NAPA	COUNTY	<i>PLPDE</i>	BLICAN P	ARTY		<u> </u>	
	<u> </u>	<u> </u>	<u>-                                    </u>	<u> </u>	<u>:</u>	<del>-                                    </del>	لـــــــــــــــــــــــــــــــــــــ
ADDRESS (	(number and street)	4166	BURGU	NDY L	WAY		
• Ob		: : P.U	· BOX	3263	, )	·	
the	neck if different han previously corted. (ACC)	NAPI			: ]	CA 9	19558-
2. FEC ID	DENTIFICATION NUM	BER V	CITY			STATE A	ZIP CODE A
C Z	00455659	<b>1</b>	3. IS THIS REPORT		NEW (N) <b>OR</b>	; AMEN	DED
4. TYPE (Choose	OF REPORT	(b) Monthly Report Due On:	Feb 20 (M2)	Stram	May 20 (M5)	: Aug 20	(Non-Election Year Only)
(a) Qu	arterly Reports:	: .	* <sup>f</sup> Mar 20 (M3)	b	Jun 20 (M6)	Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only)
	April 15	<u> </u>	Apr 20 (M4)		Jul 20 (M7)	; Oct 20	(M10) : Jan 31 (YE)
	Quarterly Report (Q1) July 15	(C) 12-D	ay -Election	Primary (12F	<b>?</b> )	General (120	G) 🖟 Runoff (12R)
	Quarterly Report (Q2) October 15	Repo	ort for the:	Convention (	(12C)	Special (12S	5)
4	Quarterly Report (Q3) January 31 Year-End Report (YE)	:	Election on	V P	Te fe :	A. Takera Area	in the State of
2000 1000 1000 1000 1000 1000 1000 1000	July 31 Mid-Year Report (Non-election Year Only) (MY)		Day  T-Election	General (300	G)	Runoff (30R)	) Special (30S)
* *	Termination Report (TER)	:	Election on		Tu or .	verrit i replace. Trans	in the State of
5. Coverin	g Period	101	2010	through	Ø3	31 1	2010
1 aanii 6 41 -4	I have averaged the	Depart == 4 fr	Abo book of most to	udadas ""			
	I have examined this nt Name of Treasurer		PH BL			e, correct and co	
Signature of	Treasurer		l Blai		D.	ate 94	11 2010
NOTE: Subm	nission of false, erroneo	us, or incomplet	te information may su	bject the per	son signing th	is Report to the p	penalties of 2 U.S.C. §437g.
	ffice Jse	. [					FEC FORM 3X

# 0030284622

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

#### NAPA COUNTY TREPUTSLICAN PARTY

Report Covering the Period:

Fron

01 01 2010

03312

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2,5 2		2.5 <u>7</u> 0.2, <del>4</del>
	(b) Cash on Hand at Beginning of Reporting Period	2520,24	
	(c) Total Receipts (from Line 19)	Congression of Superior Assessed with	particle of the second of the
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2520.24	2520.24
<b>7</b> .	Total Disbursements (from Line 31)	450.00	450.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2070.24	, 2070. 24
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	THE STATE OF THE S	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

#### For further information contact:

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

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

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

FE6AN026

# 0030284623

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

#### NAPA COUNTY TREPUBLICAN PARTY

Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Uniternized ..... (iii) TOTAL (add Lines 11(a)(i) and (ii).....▶ (b) Political Party Committees ..... Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b). and (c)) (Carry Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received ...... 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.).... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) ..... (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .........

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

ements Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
21.	Operating Expenditures:	IVIAI TIIIS FEIIVU	Calcillar rear-IU-Date	
	(a) Allocated Federal/Non-Federal	See A. C. Commission of the Association of the Asso	and the second of the second o	
;	Activity (from Schedule H4)	450 00	450.00	
	(i) Federal Share	279 600 14 mars 14 mar	A COMPANY OF THE PROPERTY OF T	
	(ii) Non-Federal Share			
	(b) Other Federal Operating	John John Company	The second of th	
	Expenditures	in the second se	Commission Commission (Commission Commission	
	(c) Total Operating Expenditures		ge a region to the second to t	
	(add 21(a)(i), (a)(ii), and (b))▶	450.00	450.00	
22.	Transfers to Affiliated/Other Party	The state of the s	A STATE OF THE STA	
23	CommitteesContributions to			
20.	Federal Candidates/Committees		CONTRACTOR OF THE CONTRACTOR O	
	and Other Political Committees	the state of the s	$\Psi$	
24.	Independent Expenditures	The state of the s	Lating the control of	
25.	(use Schedule E)	the state of the s	The second of th	
	(2 U.S.C. §441a(d)) (use Schedule F)			
		The state of the s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
26.	Loan Repayments Made			
		wilking Charles Comments of the Comments of th	France State	
<b>27</b> .	Loans Made	· ·	à .	
28.	Refunds of Contributions To:	garage as Super Su	And the second of the second o	
	(a) Individuals/Persons Other Than Political Committees	*		
		DATE TO THE PARTY OF THE PARTY	A CONTRACT C	
	(b) Political Party Committees			
	(c) Other Political Committees	And there are not to be a second of the seco	State of the state	
	(such as PACs)			
	,—————————————————————————————————————	communication to the communication of	Laster Comments	
	(d) Total Contribution Refunds	· · · · · · · · · · · · · · · · · · ·	general in the graph of the second processing in the second secon	
	(add Lines 28(a), (b), and (c))▶			
		Toward Commencer of the	and the second of the control of the	
29.	Other Disbursements	*		
		the transfer of the second	talan di	
30.	Federal Election Activity (2 U.S.C. §431(20))		, i	
	(a) Allocated Federal Election Activity			
	(from Schedule H6)	www.companies.com	Commence of the control of the contr	
	(i) Federal Share			
		and the control of th	gen interest	
	(ii) "Levin" Share			
	(b) Federal Election Activity Paid Entirely		Control of the Contro	
	With Federal Funds			
	(c) Total Federal Election Activity (add	The state of the s	The second of th	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	$\Theta$		
		The second secon	The state of the s	
31.	Total Disbursements (add Lines 21(c), 22,	The second of th	rengancing in the course	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	450.00	450.00	
	·			
32.	Total Federal Disbursements		V	
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Secure Services of Contraction (Contraction Contraction Contractio	and the second of the second o	
	from Line 31)	450.00	450,00	
			Property Control Messes and Control Control	

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

111.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans)	j rigazen jarragara (harri dagaren daregaren jarri	A CONTRACTOR OF THE STATE OF TH
34.	(from Line 11(d), page 3)	Section of the sectio	e i medd olaet ar e e e e e e e e e e e e e e e e e e
35.	(from Line 28(d))	The second of th	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	450.00	450.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	90,00	Special Control of the Control of th
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	450.00	450,06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a	nts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
	DBLICAN PARTY	<u></u>
A. Full Name (Last, First, Middle Initial)	·	Date of Receipt
Making Address		AND THE PROPERTY OF THE PROPER
City State		Amount of Each Receipt this Period
FEC ID number of contributing federal political conunittee.	migrania migrania grandijima gran	The second parameter is a control of the second parameter is a control of the second parameter in the second parameter is a second parameter in the second parameter in the second parameter is a second parameter in the second parameter in the second parameter is a second parameter in the second parameter in the second parameter is a second parameter in the second parameter in the second parameter is a second parameter in the second par
Name of Employer Occup	pation	
Primary General Other (specify) ▼	egate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  B.		Date of Receipt
Mailing Address	2	To be the second of the second
City State	Zip Code	
FEC ID number of contributing federal political committee.	man and Manager of the semillarity.	Amount of Each Receipt this Period
Name of Employer Occup	pation	
Receipt For:  Primary General  Other (specify) ▼	egate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C.	L.	Date of Receipt
Mailing Address		The same of the sa
City State	te Zip Code	Amount of Each Receipt this Period
federal political committee.	ne to complete coming the second community of the seco	ger and my requests suggested to the region to the second of the second
Name of Employer Occup	pation	
Receipt For:  Primary General  Other (specify) ▼	egate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		State of September 1997 Contracting the September 1997 Contrac
TOTAL This Period (last page this line number only)		The second secon

SCHEDUL	Ε	B.	(F	EÇ	<b>Form</b>	3X)
ITEMIZED	D	ISE	U	RSE	MENT	'S

SCHEDULE B (FEC Form 3X)	f	FOR LINE N	NUMBER: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
NAME OF COMMITTEE (In Full)	and accorded or any position	35,	The state of the s
$\rangle$		a	
/ NAPA COUNTY PEPO	BLICHN PAR	<u> </u>	
Full Name (Last, First, Middle Initial)		T	Date of Dichursement
a. <u>NATA-SCLANO HOWE 9 G</u>	CHOLAS RACION		Date of Disbursement
Mailing Address			02 23 2010
T.O. BOX 475			The second secon
	State Zip Code	T	
LINCOLN CA Purpose of Disbursement	95648		
Candidate Name	GISTIZATION	,	Amount of Each Disbursement this Period
Candidate Name		Category/	A CONTRACTOR OF THE PARTY OF TH
ALL CANDIDATE		Type	450 00
Office Sought: House Disburser			
Senate	Primary General Other (specify) ▼		•
State: C A District:	. (Specify)	}	
Full Name (Last, First, Middle Initial)			<del></del>
В.			Date of Disbursement
			HOW BY THE STATE OF THE STATE O
Mailing Address			A A THE STATE OF T
City	State Zip Code	-	
Purpose of Disbursement	ř.	:Secon	
Candidate Name	;		Amount of Each Disbursement this Period
Candidate Ivanie		Category/ Type	
Office Sought: House Disburser	hent For:	Type	Section (12) and the second
Senate	Primary General	ł	
	Other (specify) ▼		
State: District:			<u> </u>
Full Name (Last, First, Middle Initial)			
C.		1	Date of Disbursement
Mailing Address			The configuration of a second second of
maining musicos			Supplement A 2
City	State Zip Code		
Duman ad Dishusana			
Purpose of Disbursement		2023-20	
Candidate Name		Cotomonia	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburser	nent For:		indian (1996) - Production of modern
	Primary General		
;!	Other (specify) ▼		
State: District:			
CURTOTAL -4 Distance - Tri -			450 011
SUBTOTAL of Disbursements This Page (optional)		······	STATE OF THE STATE
TOTAL This Period (last page this line number only)		.,,,	450 00
The same transfer page and mis manifest only)			arrent Littlewell 1 Littlewell Professor State Little

### S

CHEDULE C (FEC Fo	erm 3X)		
DANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			<u> </u>
	•	I ICALI AMERI	
NOAN SOURCE Full Name (	DUNTY PEPUIS		ection:
COAN SOUNCE Full Name (	Last, First, Middle Iriidal)	· (,	Primary
			General
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Other (specify)
			<u> </u>
City	State ZIP		
Original Amount of Loan	Cumulative Payment	To Date Balance	Outstanding at Close of This Period
alternative described	en la description de la company		Same I and the same of the same of
TERMS	Data D	lue Interest Rate	Secured:
N M PO DOLL Y	Date D	A. A. A. A. S.	Secured.
by the second of	anne de la companya della companya della companya de la companya della companya d	n en	% (apr) Yes No
	ntors (il any) to Loan Source		<del></del>
1. Full Name (Last, First, Mic		Name of Employer	<del></del>
•			
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed :	anguage of the same
	State Zii Cape	Outstanding:	Something of the state of the s
2. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	er e e e e e e e e e e e e e e e e e e
City	State ZIP Code	— <b>1</b>	
-		Outstanding: 🖺 🗀 🗀	and the second of the second
3. Full Name (Last, First, Mid	dle Initial)	Name of Employer	
Mailing Address		Convention	<del></del>
Walling Address		Occupation	
		Amount + 1,750	garantee graduit
City	State ZIP Code	Guaranteed	:
		Outstanding:	en e
4. Full Name (Last, First, Mid	die Initial)	Name of Employer	
Mailing Address		Occupation	<del>\</del>
		Amount	St. 1. St. Company of the state of
City	State ZIP Code	Guaranteed	Antonio Contraction Contraction
<u> </u>		Outstanding:	
	<del></del>		
LIRTOTALS This Period This D	age (optional)	->************************************	
	age (optional)		
OTALS This Period (last page i	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-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

ederal Election Commission, Washington, D.C. 20463			L
IAME OF COMMITTEE (In Full)	-	FEO	IDENTIFICATION NUMBER
NAPA COUNTY PEPO	BLICAK PA	ETY C	ti. 18. – Magandurin I., i i i maganig Missay
ENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name	1598 888 <sub>6.6.5</sub>		
	and the training	" Sullest "	* <u>*</u> ***************************
Mailing Address		M 97	1 0 19 1 A A A A A A A A A A A A A A A A A
	Date Incurred or Established		in the second second
State Zip Code	Date Due		Activities and the second
A. Has loan been restructured? No Yes	If yes, date originally incurre	ed î	<u>.</u> :
B. If line of credit,  Amount of this Draw:	Total Outstanding Balance:	ça.	sacrosm granical gran
C. Are other parties secondarily liable for the debt incurre		CEMBER	TO THE STORY OF THE STORY
No Yes (Endorsers and guarantors mu		)	
D. Are any of the following pledged as conateral for the least property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit or other	oan: real estate, personal deposit, chattel papers, similar traditional collateral?	;	value of this collateral?
No Yes If yes, specify:			
			nder have a perfected security?
E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, s		What is the	estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:	<u> </u>	
August 1	City, State, Zip:		······································
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or t the was made and the basis on w		ged does not equal or exceed s repayment.
G. COMMITTEE TREASURER		PATE	-
Typed Name Signature			S. D. Carlotte and S. C. Carlotte and S. Carlotte and S. C. Carlotte and S. C. Carlotte and S. C. Carlotte and S. C. Carlotte and S. Carlo
H. Attach a signed copy of the loan agreement.			
TO BE SIGNED BY THE LENDING INSTITUTION:     To the best of this institution's knowledge, the terare accurate as stated above.      The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 Cl	cluding interest rate) no more fa comparable credit worthiness. a loan must be made on a bas	avorable at th	e time than those imposed for
AUTHORIZED REPRESENTATIVE	in 100.02 and 100,142 iii mar	DATE	<del></del>
Typed Name		WALL AND	or and the second second
Signature Titl	le		

SCHEDULE D (FEC Form 3X)		(Use separate	PAGE OF	
DEBTS AND OBLIGATIONS  Excluding Loans  sched for number			FOR LINE NUMBER:	
			(check only one) 9	
NAME OF COMMITTEE (In Full)				
NAPA COUNTY PLP	OBLICAN PAR	ety		
M. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	Pebt (Purpose):	
Mailing Address				
City Ctate	Zip Code	<del></del>		
			·	
Outstanding Balance Beginning This Period			·	
The same affine and the same of the same of				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
For intermediate the state of t			udt – Hausset III in 1900 och och och	
B. Full Name (Last, First, Middle Initial of Debtor			Pebt (Purpose):	
			, -4,	
Mailing Address				
City State	Zip Code			
Outstanding Balance Beginning This Period				
year continuing or a more read, an argument processing a more read, and				
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
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and the state of t	3 Search of Table Collinson	··· (Mars)	matter : S research to the matter of	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):	
Mailing Address				
City	State Zip Code	_		
		$\overline{}$		
Outstanding Balance Beginning This Period				
Programme of the second		\	•	
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
The second of the second of the second of		n .		
<del>- L</del>		· Smart.	rays amend in Jumps in	
1) SUBTOTALS This Period This Page (optional)			and the second s	
2) TOTALS This Period (last page this line number of	only)			
		- Aller and a second	And the second of the second o	
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page only)		A District Control of the Control of	

4) ADD 2) and 3) and carry torward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X)	·	<u></u>
TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NAPA COUNTY REPORL	ICAN PART	C00455659
Check if 24-hour notice 48-hour notice		the consentation of the consentation of
Full Name (Last, First, Middle Initial) of Payee		Date
		THE REPORT OF THE PROPERTY OF
Mailing Address		Base
Charles	7in Code	Amount
City	Zip Code	See - Co. J. Condition 2 - Chi.
Purpose of Expenditure	Category/	Office Sought: House State:
· Speed in Experience	Type	Senate District:
Name of Federal Candidate Supported or Opposed by Ex		President
		Check One: Support Oppose
Calendar Year-To-Date Per Election	· · · · · · · · · · · · · · · · · · ·	Disbursement For: Primary General
for Office Sough	·	Other (specify)
Full Name (Last, First, Middle Initial) of Payer		Date
		TO FAIR AT MINER AND AND AND
Mailing Address	3	
	TA	Amount
City State	Zip Code	And the state of t
		The second the second s
Purpose of Expenditure	Category/	Office Sought: House State:
	Type	Senate District:
Name of Federal Candidate Supported or Opposed by Ex	kpenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election	· wasser.D ·	Disbursement For: Primary General
for Office Sought	Asi Asi Ani	Other (specify)
		and the second s
(a) SUBTOTAL of Itemized Independent Expenditures		harry to the harry
		The second secon
(b) SUBTOTAL of Unitemized Independent Expenditures		The second of th
(a) TOTAL Independent Expanditures		and the second of the second of the second
(c) TOTAL Independent Expenditures		Register of the management with the management of the management o
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of	
·	. Data	A TANKE OF THE OWNER OF THE PROPERTY OF THE PR
	_ · Date	

Signature

## SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN PARTY Nas your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? NO YES Mailing Address If YES, name the designating committee: City Purpose of Expenditure First, Middle Initial) of Each Payee Full Name (Last, Category/ Mailing Address Type Date 77 T 68 City Zip Code State Name of Federal Candidate Supported Office Sought: State: House **Amount** Senate District: Presidential Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House **Amount** Senate Presidential Aggregate General Election Expenditure for this Candidate urpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address		Туре
City	State Zip Code	Date
Name of Federal Candidate Supported	Office Sought: House State: District: Presidential	Amount
Aggregate General Election Expenditure for this Candidate ▶	A CONTRACT OF THE STATE OF THE	Sugar Maryal Comment of the State of the Sta
JBTOTAL of Expenditures This Page (o	otional)	Comment of the control of the contro
TAL This Period (last page this line nu-	mber only)	

Category/

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	
USPS Express Mail	Postmarked 4/12/10
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
PREPARER	4/3/18 DATE PREPARED
(3/2005)	