

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Clint Olivier for Congress Exploratory Committee

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	30600
(b) Total Contribution Refunds (from Line 20(d))	21435	21435
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-21435	9165
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9085.93	9170.53
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9085.93	9170.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

Clint Olivier for Congress Exploratory Committee

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	30400
(ii) Unitemized.....	0	200
(iii) TOTAL of contributions from individuals ▶	0	30600
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0	30600
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	3.85	5.53
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3.85	30605.53

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9085.93	9170.53
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	21435	21435
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	21435	21435
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	30520.93	30605.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30517.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3.85
25. SUBTOTAL (add Line 23 and Line 24).....	30520.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30520.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0

**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 5 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. DirectFile		Date of Disbursement MM / DD / YYYY 01 / 06 / 2012
Mailing Address 504 Van Ness Ave		Amount of Each Disbursement this Period 1071.31 Transaction ID : SB17.E1507836
City Fresno	State CA	
Zip Code 93721	Purpose of Disbursement Accounting services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. DirectFile		Date of Disbursement MM / DD / YYYY 01 / 06 / 2012
Mailing Address 504 Van Ness Ave		Amount of Each Disbursement this Period 1135.15 Transaction ID : SB17.E1507838
City Fresno	State CA	
Zip Code 93721	Purpose of Disbursement Accounting Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. DirectFile		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 504 Van Ness Ave		Amount of Each Disbursement this Period 1462.50 Transaction ID : SB17.E1510735
City Fresno	State CA	
Zip Code 93721	Purpose of Disbursement Accounting service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3668.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Mullins Studio		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 3589 W. Buena Vista Avenue		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.E1510733
City Fresno	State CA	
Zip Code 93711	Purpose of Disbursement Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Orman Communications		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 3589 W. Buena Vista Avenue		Amount of Each Disbursement this Period 148.12 Transaction ID : SB17.E1510729
City Fresno	State CA	
Zip Code 93711	Purpose of Disbursement Campaign Expenses	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Orman Communications		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 3589 W. Buena Vista Avenue		Amount of Each Disbursement this Period 5068.85 Transaction ID : SB17.E1510727
City Fresno	State CA	
Zip Code 93711	Purpose of Disbursement Campaign Consulting	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5416.97
TOTAL This Period (last page this line number only).....	9085.93

**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 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Andrew Andersen		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 7940 N Maple Ave, Suite 102		Amount of Each Disbursement this Period 280.00 Transaction ID : SB20A.E1510725
City State Zip Code Fresno CA 93720	Purpose of Disbursement Partial Refund of 12/15/2011 contribution for \$400.00 Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Ashwood Development Company		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 5755 E Kings Canyon Road Suite 110		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB20A.E1510714
City State Zip Code Fresno CA 93727	Purpose of Disbursement Partial Refund of 12/12/2011 contribution for \$2000.00 Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bona Vista Orchards		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 12006 E Le Grand Road		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB20A.E1510706
City State Zip Code Le Grand CA 95333	Purpose of Disbursement Partial Refund of 12/05/2011 contribution for \$2500.00 Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3430.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Bona Vista Orchards		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 12006 E Le Grand Road		Amount of Each Disbursement this Period 1750.00
City Le Grand	State CA Zip Code 95333	
Purpose of Disbursement Partial Refund of 12/05/2011 contribution for \$2500.00		Transaction ID : SB20A.E1510705
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. Borba Dairy		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 14840 Road 200		Amount of Each Disbursement this Period 350.00
City Porterville	State CA Zip Code 93257	
Purpose of Disbursement Partial Refund of 12/07/2011 contribution for \$500.00		Transaction ID : SB20A.E1510709
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. Richard M. Caglia		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 5505 E Jensen Ave		Amount of Each Disbursement this Period 350.00
City Fresno	State CA Zip Code 93725	
Purpose of Disbursement Partial Refund of 12/30/2011 contribution for \$500.00		Transaction ID : SB20A.E1510723
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).....	2450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Kay M Errotabere		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 8740 N Fuller Ave		Amount of Each Disbursement this Period 35.00
City Fresno	State CA	
Zip Code 93720	Purpose of Disbursement Partial Refund of 11/22/2011 contribution for \$50.00	Transaction ID : SB20A.E1510704
Candidate Name	Category/Type 010	
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. Johana Garrison		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 10245 Cedro Rd		Amount of Each Disbursement this Period 50.00
City Nevada City	State CA	
Zip Code 95959	Purpose of Disbursement Refund of 12/30/2011 contribution	Transaction ID : SB20A.E1510724
Candidate Name	Category/Type 010	
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. Russell Harris		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address P.O. Box 787		Amount of Each Disbursement this Period 1750.00
City Chowchilla	State CA	
Zip Code 93610	Purpose of Disbursement Partial Refund of 12/15/2011 contribution for \$2500.00	Transaction ID : SB20A.E1510716
Candidate Name	Category/Type 010	
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).....	1835.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Henry Massaro		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 20691 Road 16		Amount of Each Disbursement this Period 350.00 Transaction ID : SB20A.E1510720
City Chowchilla	State CA	
Zip Code 93610	Purpose of Disbursement Partial Refund of 12/27/2011 contribution for \$500.00	Category/ Type 010
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. Massaro Family Farm 06-03		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 20754 Road 16		Amount of Each Disbursement this Period 350.00 Transaction ID : SB20A.E1510713
City Chowchilla	State CA	
Zip Code 93610	Purpose of Disbursement Partial Refund of 12/12/2011 contribution for \$500.00	Category/ Type 010
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. Chris Mathys		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 2304 W Shaw Ave 102		Amount of Each Disbursement this Period 70.00 Transaction ID : SB20A.E1510707
City Fresno	State CA	
Zip Code 93711	Purpose of Disbursement Partial Refund of 12/05/2011 contribution for \$100.00	Category/ Type 010
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).....	770.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Darrell Miers		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 822 Hartzell St		Amount of Each Disbursement this Period 1750.00
City Pacific Palisades	State CA	
Zip Code 90272	Purpose of Disbursement Partial Refund of 12/27/2011 contribution for \$2500.00	Transaction ID : SB20A.E1510721
Candidate Name	Category/Type 010	
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. Nissan of Clovis		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 370 W. Herndon Dr		Amount of Each Disbursement this Period 1400.00
City Clovis	State CA	
Zip Code 93612	Purpose of Disbursement Partial Refund of 12/19/2011 contribution for \$2000.00	Transaction ID : SB20A.E1510718
Candidate Name	Category/Type 010	
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. Orion Farming		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address P.O. Box 700		Amount of Each Disbursement this Period 350.00
City Chowchilla	State CA	
Zip Code 93610	Purpose of Disbursement Partial Refund of 12/12/2011 contribution for \$500.00	Transaction ID : SB20A.E1510711
Candidate Name	Category/Type 010	
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).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 16	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. James A Pardini		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 2257 W. Shaw Ave		Amount of Each Disbursement this Period 350.00
City Fresno	State CA	
Zip Code 93711	Category/ Type 010	Transaction ID : SB20A.E1510712
Purpose of Disbursement Partial Refund of 12/12/2011 contribution for \$500.00		
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. Diana M Poeschel		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 425 E Hillcrest		Amount of Each Disbursement this Period 350.00
City Fresno	State CA	
Zip Code 93720	Category/ Type 010	Transaction ID : SB20A.E1510702
Purpose of Disbursement Partial Refund of 11/17/2011 contribution for \$500.00		
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. Russell Waymire Farms		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address P.O. Box 1061		Amount of Each Disbursement this Period 700.00
City Hanford	State CA	
Zip Code 93232	Category/ Type 010	Transaction ID : SB20A.E1510717
Purpose of Disbursement Partial Refund of 12/16/2011 contribution for \$1000.00		
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).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Chris Shane		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 1061 High Rd		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB20A.E1510710
City Woodside	State CA	
Zip Code 94063	Purpose of Disbursement Partial Refund of 12/12/2011 contribution for \$2000.00	Category/ Type 010
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. Richard F Spencer		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 5286 E Home Ave		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB20A.E1510701
City Fresno	State CA	
Zip Code 93727	Purpose of Disbursement Partial Refund of 11/17/2011 contribution for \$2000.00	Category/ Type 010
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. Steven G Spencer		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 5336 E. Heaton Ave		Amount of Each Disbursement this Period 700.00 Transaction ID : SB20A.E1510708
City Fresno	State CA	
Zip Code 93727	Purpose of Disbursement Partial Refund of 12/05/2011 contribution for \$1000.00	Category/ Type 010
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).....	3500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<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				

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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. TLC, A California Partnership		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 2822 S. Maple		Amount of Each Disbursement this Period 700.00
City Fresno	State CA	
Zip Code 93728	Purpose of Disbursement Partial Refund of 12/23/2011 contribution for \$1000.00	Transaction ID : SB20A.E1510719
Candidate Name	Category/ Type 010	
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. Triple B Ranch		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address 10152 N Peach		Amount of Each Disbursement this Period 1750.00
City Clovis	State CA	
Zip Code 93612	Purpose of Disbursement Partial Refund of 12/15/2011 contribution for \$2500.00	Transaction ID : SB20A.E1510715
Candidate Name	Category/ Type 010	
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. Kole M Upton		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address P.O. Box 575		Amount of Each Disbursement this Period 1750.00
City Chowchilla	State CA	
Zip Code 93610	Purpose of Disbursement Partial Refund of 11/22/2011 contribution for \$2500.00	Transaction ID : SB20A.E1510703
Candidate Name	Category/ Type 010	
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).....	4200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 16			
	<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)
Clint Olivier for Congress Exploratory Committee

Full Name (Last, First, Middle Initial) A. Steven A. Young		Date of Disbursement MM / DD / YYYY 02 / 02 / 2012
Mailing Address 14620 Joanbridge St.		Amount of Each Disbursement this Period 350.00
City Baldwin Park	State CA	
Zip Code 91706	Purpose of Disbursement Partial Refund of 12/30/2011 contribution for \$500.00	Transaction ID : SB20A.E1510722
Candidate Name	Category/ Type 010	
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.		Date of Disbursement MM / DD / YYYY
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
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).....	350.00
TOTAL This Period (last page this line number only).....	21435.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Clint Olivier for Congress Exploratory Committee

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

Mailing Address 504 Van Ness Ave

City State Zip Code
Fresno CA 93721

Nature of Debt (Purpose):
Accounting services

Outstanding Balance Beginning This Period **Transaction ID : SD10.E1506898**
1071.31

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0 1071.31 0

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

Mailing Address 504 Van Ness Ave

City State Zip Code
Fresno CA 93721

Nature of Debt (Purpose):
Accounting Service

Outstanding Balance Beginning This Period **Transaction ID : SD10.E1507837**
1135.15

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0 1135.15 0

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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