

TO WHOM IT MAT CONCERN:

I FIRST TRECEIVED NOTICE OF THE MISSING TREPORT OU JANUARY 09, 2019.

YOU HAVE TREEN ASKED
ON A PREVIOUS OCCASSION TO
PLEASE NOTIFY ME VIA
EMAIL OF CHANGES OF
PROPOLEMS.

MY EMAIL HODDESS IS:

JOHEN 8344E JOBOG DODA . THET

PHONE # (707)276-5820

THANK YOU.

Joseph Blevins

Opening Doors for Homeless Youth CovenantHouse.org

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED TEC MAIL CENTER

319 JAN 28 PH 12: 52

FEC FORM 3X Rev. 12/2004

 _	 ٠.	Hen	Ont

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If a over the line		12FE4M5	
. <u>!</u>	VAPA COUN	ry Trepu	TBLICAN C	ENTRAL	COMM ITTE	E
AD	DRESS (number and street)	P.D.B	X 3263			· · · · · · · · · · · · · · · · · · ·
	Check if different than previously reported. (ACC)	NAPA			CA 9455	8-
2.	FEC IDENTIFICATION N	UMBER ▼	CITY 🛦	s	TATE ▲ ZIF	CODE A
	C 0045565	·9	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	Quarterly Report ((c) 12-Day	Primary	(12P)	General (12G)	Runoff (12R)
	July 15 Quarterly Report (Q2) PRE-Ele Report I	•	ion (12C)	Special (12S)	
	October 15 Quarterly Report (Q3)				
	January 31 Year-End Report (YE)	Election on 11- Ø	6-2018		the tate of
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-E		(30G)	Runott (30R)	Special (30S)
	Termination Repor (TER)	Report i	Election on 11-126	-2018		the state of CA
5.	Covering Period		throu	ugh	÷	
	ertify that I have examined to people or Print Name of Treasur	1000	e best of my knowledge		e, correct and complete.	
Si	gnature of Treasurer	oxple (Bledins	D	ate <u>JAMJAR</u> Y	11/2019

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

FE841:026

Office

Use Only

SUMMARY PAGE . OF RECEIPTS AND DISBURSEMENTS

FEC FORM 3X (Rev. 02/2003)	·	Page Z
Write or Type Committee Name		
NAPA COUNTY RET	WELICAN CENTRAL C	OMMITTEE
Report Covering the Period: From:	D 2012 TO	: 11 / 86 / 20.13
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		2859.00
(b) Cash on Hand at Beginning of Reporting Period	4.7.4.7.0.0	
(c) Total Receipts (from Line 19)		4,7.4.0,0.0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4747.0.0	7,59900
7. Total Disbursements (from Line 31)	565.DO	35.17.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4.1,82.00	4182,00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0,00	
This committee has qualified as a multical	andidate 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

NG-9 · G- · NG · GM · GGNDGGS

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

	NAPA COUNTY REPUT	BLICAN CENTRAL CO.	MMITTEE
Re	port Covering the Period: From:	0 01 2013 To	11 06 2018
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	, , . 0.0.00	1,45.000
	(ii) Unitemized(iii) TOTAL (add	,,,	32.90,00
	Lines 11(a)(i) and (ii)▶	, , 0.0.00	4740.00
	(b) Political Party Committees		
	(c) Other Political Committees (such as PACs)	0.0.00	00.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	,,0.0.00	4740.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received	,, .00,00	
	Loan Repayments Received Offsets To Operating Expenditures	0.0.00	0.0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.0.00	DO DO
17	Political Committees	00.00	00.00
	(Dividends, Interest, etc.)	0.0.00	
	(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))▶	, , 00.00	4.740,00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	00.00	47.40,00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:	Total Tills I eriou	Calefidal Teal-10-Date
	(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Company of the second confidence of the second	The state of the same of the same state of the s
	(i) Federal Share	2333.00	2933,00
	• •		
	(ii) Non-Federal Share	\mathcal{E}_{\bullet}	0
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures	2 33 3, 00	0473 00
22	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	233-1600	
££.	Committees	θ	Ð
23.	Contributions to		
	Federal Candidates/Committees and Other Political Committees	θ	0
24.	Independent Expenditures		
05	(use Schedule E)		0
25.	Coordinated Party Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)	<u> </u>	<u> </u>
-00	Lana Bananasata Mada		A
26.	Loan Repayments Made		
27.	Loans Made	8	A
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0	0
	•		
	(b) Political Party Committees	\Box	
	(c) Other Political Committees		
	(such as PACs)	L	<u> </u>
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	θ	
	•		
29.	Other Disbursements	<u></u>	θ
30.	Federal Election Activity (2 U.S.C. §431(20))		•
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	23.3.3.00	2833,00
	(ii) "Levin" Share		O. O.
	(b) Federal Election Activity Paid Entirely	233300	0.632 M
	With Federal Funds	233,00	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	22 22 00	2533 00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	233,00	6022000
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23.33.00	2833,00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	2.33 <i>3.0</i> 0	2833,00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

COLUMN B Calendar Year-to-Date
4740,00
00.00
4740.00
2833,00
8.
2833.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 14 (check only one)
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) NAPA COUNTY REPU	TBLICAN CENTRAL C	OMMITTEE
Full Name (Last, First, Middle Initial) A. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) B. Mailing Address City FEC ID number of contributing	State Code	Date of Receipt Amount of Each Receipt this Period
Descipt For	Occupation Aggregate Year-to-Date ▼	Remarks and Remark Demarks and come Thereaches and Secular Sec
Full Name (Last, First, Middle Initial) C. Mailing Address City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	CCCcupation	Another of Education Conference
Receipt For: Primary	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		The sequence grant approximation of the continue of the contin
TOTAL This Period (last page this line number on	ly)	Lange to a motion of Boundaries to mad the strong to made in a strong

A oi	ny information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full) NAPA COUNT Full Name of Individual (Last, First, Middle	the name and a	ddress of any political committe	person for the purpose of soliciting contribution se to solicit contributions from such committee.
Ą	Mailing Address	· · · · · · · · · · · · · · · · · · ·		Date of Receipt
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
 - В.		Name of Individual (Last, First, Middle Initial) or Full O		Date of Receipt
υ.	Mailing Address			M M / D D / Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation ((L'Individual)	Amount of Each Receipt this Period , , , ,
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	
c.	Full Name of Individual (Last, First, Middle Mailing Address	Initial) or Full Or	rganization Name	Date of Receipt M M / D D / Y Y Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)		Year-to-Date ▼	

		for each Detailed	Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b
	ny information copied from such Reports and Stat r for commercial purposes, other than using the na				on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)				
	NAPA COUNTY IZET	2/ <i>17</i> 3/ 10	CALL CEN	TPA/	COMMITTEE
	Full Name (Last, First, Middle Initial)	ار یا در د	<u></u>	, , , , , ,	
Α.					Date of Disbursement
		OUSE-			MIM / DEC /D NEY Y Y
	Mailing Address 999 TRANCAS	TREG	7		"II" / BB6 /ZĎIŠ. Š
	City	State CA	Zip Code 9 45	525	FEC Identification Number
	Purpose of Disbursement				C <i>00 45 56 5</i> 9
	YEAR END COMMITTEE	MEET	TNG		000 ,3 20 = 1
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburs Senate	ement For: Primary	General		, , 539.00
	President State: District:	Other (spe	cify) ▼		Memo Item
7	Full Name (Last, First, Middle Initial)		 -		/
3.	di Name (Last, 1 nst, Middle mind)				Date of Disbursement
				Ì	M M / D D / Y Y Y
	Mailing Address				
	Mailing Address City	State	Zip Code		FEC Identification Number
		State	Zip Code		FEC Identification Number
	City Purpose of Disbursement Candidate Name		Zip Code	Category/ Type	C/
	City Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate	ement For:	General		C/
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President	ement For:	General		Amount of Each Disbursement this Period
	City Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President State: District:	ement For:	General		Amount of Each Disbursement this Period
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President	ement For:	General		Amount of Each Disbursement this Period , , , , . Memo Item
	City Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President State: District:	ement For:	General		Amount of Each Disbursement this Period , , , Memo Item Date of Disbursement
	City Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President State: District:	ement For:	General		Amount of Each Disbursement this Period , , , . Memo Item
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ement For:	General		Amount of Each Disbursement this Period , , , Memo Item Date of Disbursement
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Primary Other (spe	General sify)		Amount of Each Disbursement this Period , , , , Memo Item Date of Disbursement M M / D D / Y Y Y Y PEC Identification Number
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address	Primary Other (spe	General sify)		Amount of Each Disbursement this Period , , Memo Item Date of Disbursement M M / D D / Y Y Y Y
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City	Primary Other (spe	General sify)	Type Category/	Amount of Each Disbursement this Period , , , Memo Item Date of Disbursement M M / D D / Y Y Y Y FEC Identification Number
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburse	Primary Other (spe	General sifty) Zip Code	Турр	Amount of Each Disbursement this Period Memo Item Date of Disbursement M M / D D / Y Y Y PEC Identification Number C Amount of Each Disbursement this Period
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate	State State Primary Other (specific primary)	General Sify) Zip Code	Type Category/	Amount of Each Disbursement this Period Memo Item Date of Disbursement M M / D D / Y Y Y Y PEC Identification Number C Amount of Each Disbursement this Period
	City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Disburse	Primary Other (spe	General Sify) Zip Code	Type Category/	Amount of Each Disbursement this Period Memo Item Date of Disbursement M M / D D / Y Y Y Y PEC Identification Number C Amount of Each Disbursement this Period

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

Use separate schedule(s)

SCHEDULE B (FEC Form 3X)

PAGE

FOR LINE NUMBER:

SCHEDULE C (PEC Form 3X)			
LOANS		Use separate schedule(s for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full)	·	Detailed Summary Page	FOR LINE 13 OF FORM 3X
	3LICAN	CENTRAL COMMI	TTEE
LOAN SOURCE Full Name (Last, First, M		☐ Memo Item	Election: Primary General
Mailing Address			Other (specify) ▼
City	State	ZIP Code	
Original Amount of Loan	Cumulative Paym	nent To Date Balar	nce Outstanding at Close of This Period
TERMS Date Incurred	Dat	te Due Interest Rate	Secured:
		-	% (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)		Name of Employer	ļ
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	100	Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, ,
SUBTOTALS This Period This Page (optional)		_	, ,
TOTALS This Period (last page in this line only	/)	•	, ,
Carry outstanding balance only to LINE 3, Sch	nedule D, for this li	ine. If no Schedule D, carry forwa	ard to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM L	ENDING INSTITUTIONS	;	Supplementary for Information found on Page / U of Schedule/
Federal Election Commission, Washington, D.C. 20463		 	
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
			
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan		Interest Rate (APR)
Pull Name		,	. %
	, ,	•	• / G
Mailing Address		M M /	' D D / Y Y Y
	Date Incurred or Established		
City State Zip Code	Date Due	_ M M /	D D / Y Y Y Y
A. Has loan been restructured No Yes	If yes, date originally incurred		' D D / Y Y Y
B. If line of credit,	Total		
Amount of this Draw:	Outstanding Balance:	9	, .
C. Are other parties secondarily liable for the debt incu	rred? must be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or an account of the property of	of deposit, chattel papers,	7	alue of this collateral?
			der have a perfected security
E. Are any future contributions or future receipts of inte	erest include allegated as	interest in it?	
	specify:	, vvnat is the e	estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Landing of Consults		
Date account established:	Address:		
м м / о о / ү ү ү	City, State, Zip:		
F. If neither of the types of collateral described above we the loan amount, state the basis upon which this loan	vas pledged for this loan, or if the	amount pledge ch it assures	ed does not equal or exceed repayment.
G. COMMITTEE TREASURER		DATE	
Typed Name		M M	D D / Y Y Y Y
Signature			\
H. Attach a signed copy of the loan agreement.			
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 (is similar extensions of credit to other borrowers).	including interest rate) no more fav of comparable credit worthiness.	orable at the	time than those imposed for
III. This institution is aware of the requirement tha complied with the requirements set forth at 11	t a loan must be made on a basis	g this loan.	s repayment, and has
AUTHORIZED REPRESENTATIVE		DATE	
Typed Name Signature		M M /	

SCHEDULE D (FEC Form 3X)			(Use	e separate	Р	AGE	OF 14
DEBTS AND OBLIGATIONS			sch	hedule(s)	FOR LINE NUMBER: (check only one) 9		
Excluding Loans				or each bered line)	(check only	(Offe)	10
NAME OF COMMITTEE (In Full)							
NAPA COUNTY TEEPUBLIC	AN CA	ITEAL CA	MMIT	TEL-			
Full Name (Last, First, Middle Initial) of Debtor (or Creditor			Nature of D	ebt (Purpose)):	
May be be a second of the seco							
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period							
, Amount Incurred This Period	Paym	nent This Period		Outstandir	ng Balance at	Close of	This Period
				 "			
P. Full Name (Lant First Middle Pritis of Debter of	, Coditor	, 	· 	A4-2-	,	,	•
B. Full Name (Last, First, Middle Initial) of Debtor of	r Creditor			Nature of D	ebt (Purpose)):	
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period	TOTAL	•					
, , .	`	\					
Amount Incurred This Period	Paym	nem This Period		Outstandin	ng Balance at	Close of	This Period
, , .	,	,	•		,	y	•
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Nature of De	ebt (Purpose)):	
Mailing Address			/	!			
	State	7in Cada		1			
City	State	Zip Code					
Outstanding Balance Beginning This Period							
, , , - Arnount Incurred This Period	Paym	ent This Period		Outstandin	ng Balance at	: Close of	This Period
, ,	9	3			,	,	a :
							
1) SUBTOTALS This Period This Page (optional)			>		3	,	•
2) TOTALS This Period (last page this line number on	nly)		>		3 ,	,	<u>, </u>
3) TOTAL OUTSTANDING LOANS from Schedule C ((last page only	/)	>		9	1	/
4) ADD 2) and 3) and carry forward to appropriate line	e of Summary	Page (last page	only) ▶		9	,	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NAPA COUNTY REPUT	LICAN C	ENTRAL CO	AMITEL	C (X) 4 55 659
Check if 24-hour report 48-hour report	New report	Amends repor	t filed on M	M / D D / Y Y Y
Auli Name of Payee		☐ Memo I	tem Date o	f Public Distribution/Dissemination
			м	M / D D / Y Y Y
Mailing Address			_	
			Amoun	t
City	te Zip	Code		, , ,
	ļ		Date o	f Disbursement or Obligation
Purpose of Expenditure	Cate	egory/ Type	м	M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought	:
		Oppose	Preside	
Calendar Year-To-Date			Disbursement	For: Primary General
Per Election for Office Sought	3	•	Ot	her (specify) ▶
Full Name of Payee		☐ Memo II	tem Date o	Public Distribution/Dissemination
) M	M / D D / Y Y Y
Mailing Address	te Zip		Amoun	t
City State	te Zip	Code		, ,
			Date of	f Disbursement or Obligation
Purpose of Expenditure	Care	gory/ Type	м	M / D D / Y Y Y
Name of Federal Candidate:	 _	Sopport	Office Sought	: House District:
		Oppose	Preside	nt Senate State:
Calendar Year-To-Date			Disbursement	For: Primary General
Per Election for Office Sought	3	•	Ot	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				, , ,
(a) SUBTOTAL of Unitemized Independent Expenditures			•	, , .
(a) TOTAL Independent Expenditures			•	, , .
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized comm	ed herein were r nittee or agent of	not made in co either, or (if t	poperation, consultation, or concert the reporting entity is not a political
		Date	M M /	D. D / Y Y Y Y
Signature		Date		

OF / 4

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

(To be use	ed only	by P	olitical Comm	nittees in the Gen	eral Election) FOR LI	NE 25	OF FORM 3X
NAME OF COMMITTEE (In Full)								
NAPA COUNTY REPUBLI	LIC				MMITT	26	,	
Has your committee been designated to make coordinated expenditures by a political party comm YES NO	ittee?	Ŀ		ordinate Committee				
f YES, name the designating committee:		Mailir	ng Address					
,		City				State	ZIP C	ode
Full Name (Last, First, Middle Initial) of Each F	'ayee	<u> </u>		☐ Memo Item	Purpose of	Expenditure		
Mailing Address					'			Category/ Type
City	State		Zip Code		Date M M	/ D D /	Y Y	y y
Name of Federal Candidate Supported Office	Sough	nt:	House Senate Presidential	State:	Amount			
Aggregate General Election Expenditure for this Candidate	,		, ·	·		,	,	•
Full Name (Last, First, Middle Initial) of Each F				☐ Memo Item	Purpose of	Expenditure		0.4 (
Mailing Address	-/	K.			Date			Category/ Type
City	State	-	Zip Code		мм	/ D D /	Y Y	Y Y
Name of Federal Candidate Supported Office	Sough	it:	House Senate Presidential	State:	Amount			
Aggregate General Election Expenditure for this Candidate ▶	,		, .			,	,	• •
Full Name (Last, First, Middle Initial) of Each F	'ayee			☐ Memo tem	Purpose of	Expenditure		
Mailing Address				·	Date			Category/ Type
City	State		Zip Code		M M	/ D D /	Y Y	Y Y
Name of Federal Candidate Supported Office	Sough	it:	House Senate Presidential	State:	Amount	$\overline{}$		
Aggregate General Election Expenditure for this Candidate ▶	,		9			5		a .
SUBTOTAL of Expenditures This Page (optional)								
TOTAL This Period (last page this line number on						,	9	

PAGE 13 OF 14

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)					
NAPA COUNTY PEPUBLICAN CENTRAL COMMITTEE					
USE ONLY ONE SECTION, A or B					
A. State and Local Party Committees					
Fixed Percentage (select one)					
Presidential-Only Election Year (28% Federal)					
Presidential and Senate Election Year (36% Federal)					
Senate-Only Election Year (21% Federal)					
Non-Presidential and Non-Senate Election Year (15% Federal)					
TOP TOUR AND TOP OF THE LICEUS TOUR (1576 FEDERAL)					
B. Separate Segregated Funds and Nonconnected Committees					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal					

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2 O U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.) FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.	MASHINGTON D.C. 2045	FEDERAL ELECTION COMMISSION]	ONIAY WAVER OF SIGNATURE (Domestic Mail Only) L. No. Additional merchandisc hisurance is void if customer proquests wallyer of stonabre.	Time AM Employee Signature	

† Money Back Guarantee for U.S. destinations only

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Post Office To Addressee Employee Signatur Employee Signature

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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Overnight Delivery Service (Specify):	Shipping Date
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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
Date o Other (Specify):	f Receipt or Postmarked
PREPARER M	1/28/19 DATE PREPARED
(3/2015)	