FEC FORM 3X

REPORT OF REGEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2015 90T 17 7M 10: 06

Coffice Aust Only F LITED

1. NAME OF COMMITTEE (in full)

FE6AN026

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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[7	VAPA,	COUNTY	ZEPQ	BLICAI	U, CEN	TIZIV.	COMM 17	TEE	
	الليا	11:11:							
ΑĐ	DRESS (r	number and street)	R.C	134	X 3	263		<u> </u>	
0 6 9 0	thai	eak if different n previously orted. (ACC)	NAT	PA :				-A 19.4	S:58-L
Μ) •••• 2.	FEC ID	ENTIFICATION NUM	BER 🔻		СПУ▲		ST	ATE A	ZIP CODE A
₩ © ₩	Cο	045565	9		3. IS THIS REPORT	1	NEW (N) OR	AMENDE	ED
4.	TYPE (Choose	OF REPORT One)	(b) Mon Rep Due	-	Feb 20 (M2)		May 20 (M5)	Aug 20 (M	(Non-Election Year Only)
	(a) Qua	arterly Reports:			Mar 20 (M3)		Jun 20 (M6)	Sep 20 (M	9) Dec 20 (M1 (Non-Election Year Only)
		April 15 Quarterly Report (Q1)			Apr 20 (M4)		Jul 20 (M7)	Oct 20 (M1	10) Jan 31 (YE)
		July 15	(C)	12-Day PRE-Election	n	Primary (1	2P)	General (12G)	Runoff (12R)
	ي ــــ	Quarterly Report (Q2) October 15		Report for t	he:	Convention	(12C)	Special (12S)	
	_	Quarterly Report (Q3) January 31 Year-End Report (YE)		8	Election on	e4 e5	/ D D / Y	, , , , , , , , , , , , , , , , , , ,	in the State of
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Elect		General (3	0G)	Runoff (30R)	Special (30S
		Termination Report (TER)		·	Election on	ta es	/ D D / Y	Y	in the State of
5.	Covering	Period D	′ å	°1′21	D13	through	0 9	30 2	Ďľ3
Ic	ertify that	I have examined this	Report a	nd to the be	est of my kne	wiedge and	l belief it is true,	correct and com	plete.
Туј	pe or Print	t Name of Treasurer	<u>טد</u>	SEPH	BLEV	INS			
Sig	mature of	Treasurer Co	sept	LB	Certino	<u>ب</u> ــــــــــــــــــــــــــــــــــــ	Dat	e "	שמל 'צט'וב'
NO	TE: Subm	ission of false, erroneou	is, or inci	omplete infor	mation may si	object the p	erson signing this	Report to the pen	nalties of 2 U.S.C. §437g
<u> </u>	U	fice se						FI	EC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

300 E

0

From:

8 12013

To: 09 '30 2013

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6.	(a) Cash on Hand January 1, ZUIZ		, 3,840 , 00		
; ;	(b) Cash on Hand at Beginning of Reporting Period	. 3,840,00			
	(c) Total Receipts (from Line 19)	, ,662 20	, 662 <i>.DD</i>		
	(d) Subtotal (add Lines 6(b) and 6(c) for Celumn A and Lines 6(a) and 6(c) for Column B)	. 4, 502.00	, 4502 . 00		
7.	Total Disbursements (from Line 31)	, 12,57,50	, <i>1,</i> 257.50		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 3,244.23	, 32 <i>44.</i> 23		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , 6 .			
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

662 BO

Write or Type Committee Name

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NAPA COUNTY PEPUBLICAN CENTEAL COMMITTEE

09 30 To: 2013 Report Covering the Period: From: **COLUMN B COLUMN A** 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)..... 662,00 .662.00 (ii) Uniternized (iii) TOTAL (add ,662.ØØ 662.00 Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry ,662.9P 662.00 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)).......▶ 662. *DO* 662 DO

.662 DO

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

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: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	, 1257.50	, <i>1257,5</i> 0
	(ii) Non-Federal Share	, .	, ,
	(b) Other Federal Operating		
	Expenditures(c) Total Operating Expenditures	,	
	(add 21(a)(i), (a)(ii), and (b))▶	1767 60	, 1257.50
22	Transfers to Affiliated/Other Party	, 1,257 , 50	, 1,251.90
	Committees	, , , , , .	
	. Contributions to Federal Candidates/Committees	, , ,	, , .
CD 10	and Other Political Committees	, , , , . .	, ,
(D) 24	. Indopendent Expanditures	, , ,	, , , ,
₩ 25	(use Schedule E)	, , () .	, , ← .
64.24	(2 U.S.C. 8441 p(d))		~
*****	(use Schedule F)	, , ,	, , , .
M 26	Loan Repayments Made	, , o .	, , , , , . .
147			
27. 28 اسما	Loans Made Refunds of Contributions To:	, , —	,
	(a) Individuals/Persons Other Than Political Committees	A	
	man Pontical Committees	, , .	, , , .
	(b) Political Party Committees	, , D .	, , 2 ,
	(o) Other Political Committees	· •	
	(such as PACs)	, , 👄 .	, , C
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	, , -6	, , 2
		· · · · · ·	
29	Other Disbursements	, , .	, , , , , , , , , , , , , , , , , , ,
30	. Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	a	4
	(i) Federal Share	, . Ø .	, , $arphi$,
		Ø	<i>*</i>
	(ii) "Levin" Strare	, , μ.	, , () .
	(b) Federal Election Activity Paid Entirely	' A	A
	With Federal Funds	, ρ.	, , p .
	(c) Total Federal Election Activity (add	Ø	Ø.
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, , P .	, , p .
31.	. Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, 12 <i>5</i> 7.50	, <i>1,257,50</i>
20	. Total Federal Disbursements		
32	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	1757 CA	. 1257.50
		, 1,2 <i>5 7 .50</i>	, 7,237.30

DETAILED SUMMARY PAGE

of Disbursements

- 	FEC Form 3X (Rev. 02/2003) Net Contributions/Operating Ex-	Of Disbursements COLUMN A	Page 5 COLUMN B
,,,,,	penditures	Total This Period	Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	662.00	, 662.00
34.	Total Contribution Refunds (from Line 28(d))	, 	<u> </u>
	Net Contributions (other than loans) (subtract Line 34 from Line 33)	. (de 2 a / 3 / 3)	6620
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	, 1,257,50	, 1,257,50
	Offsets to Operating Expenditures (frem Line 15, page 3)	, O	20
38. })	Net Operating Expenditures (subtract Line 37 from Line 36)	, 1,257 , 50	1.257,50
-			

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SCHEDULE A (FEC Form 3)	X)	FOR LINE NUMBER: PAGE & OF LE		
•	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 15 (check only one)		
TEMIZED RECEIPTS	for each category of the Detailed Suromary Pyge	11a 11b 11c 12		
	Detailed Guranasy 1 490	13 14 15 18 1		
Any information copied from such Reports a	and Statements may not be sold or used by any	person for the purpose of soliciting contributions		
	g the name and address of any political committee	se to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
/ NAPA COUNTY TE	EPUBLICAN CENTRAL (COMMITTEE		
Full Name (Last, First, Middle Initial)	El Deciento Certano			
4.		Date of Receipt		
Malling Address		ע ע ע ע ל מ ט / נו נו		
0.1.	Ohada Ta Oada			
City	State Zip Code	Annual of Early Devil Att Devil		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	; 5 °		
Name of Employer	Occupation			
Receipt For:	Aggregate Year-to-Date ▼			
Other (specify)				
[] Outer (specify) ▼	\$ T			
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address		ע א א א א א א א א א א א א א א א א א א א		
City	State Zip Code			
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	c K	7		
Name of Employer	Occupation			
Rèceipt For:		_		
Primary General	Aggregate Year-to-Date			
Other (specify)				
	ī ī			
Full Name (Last, First, Middle Initial)				
).		Date of Receipt		
Mailing Address		M H / D D / Y Y Y		
City	State Zip Code			
		Amount of Each Receipt this Period		
FEC ID number of contributing	С			
federal political committee.	C	5 .		
Name of Employer	Occupation	\dashv		
Receipt For:	Aggregate Year-to-Date ▼			
Primary Ganeral				
Cother (specify) ▼	3 2 -			

State Disbursement Disburseme	TEMPED DISPUSSEMENTS	Use separate schedule(s)	FOR LINE (check only	
Any Information copied from such Reports and Statements may not be add 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 controllates to solicit, contributions from such committee. NAME OF COMMITTEE (in Fell) NAME OF COMMITTEE (in Fell) Pull Name (Last, First, Middle Initial) A. COMPADDEC'S PUD CRILLE Mailing Address City NAPA CA 9 4/55 8 Purpose of Disbursement For: Candidate Name Other (specify) ▼ State Zip Code Purpose of Disbursement Cardidate Name Other (specify) ▼ State Zip Code Purpose of Disbursement Cardidate Name Other (specify) ▼ State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Office Sought: House Disbursement Cardidate Name Category/ Full Name (Last, First, Middle Initial) B. Date of Disbursement Category/ Type Office Sought: Senate Primary General Category/ Purpose of Disbursement Cardidate Name Category/ Type Office Sought: Senate Primary General Category/ Type Office Sought: State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Office Sought: State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Office Sought: State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Office Sought: State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Office Sought: State Zip Code Purpose of Disbursement Cardidate Name Category/ Type Office Sought: State Zip Code	II EMIKED DISBURSEMENTS		21b	22 23 24 25 26
or for commercial purposes, other, than using the name and address of any political convolities to solich, contributions from such committee. NAME OF COMMITTEE (in Fail) NAME (Last, First, Middle Initial) A. COMPADDES PUD CRILLE Mailing Address Purpose of Disbursement FUNID TAISING MEST OF COMMITTEE Amount of Each Disbursement this Period Catalogory/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Cardidate Name Candidate Name Cardidate Name Candidate Name Cardidate Name Candidate Name Cardidate Name Cardid	Any information popied from such Popular and States			
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Full Name (Last, First, Middle Initial) A COMPAPER S PID CRILLE Mailing Address	NAME OF COMMITTEE (in Fall)			
A. COMPADES PUD CRILLE Mailing Address City	NAPA COUNTY PET	PUBLICAN	CENTE	AL COMMITTEE
Mailing Address City	Α. /		·	Date of Disbursement
City State Zip Code Purpose of Disbursement FUND ZPLS/NC Candidate Name Category/		RILLE		
MAPA CA 94558 Purpose of Disbursement FUND PLAISING HOSTING DEFAMIC ROC SCITTIN Re Candidate Name Office Sought: House President Disbursement For: General Primary General Category/ Type Office Sought: House Disbursement For: General Purpose of Disbursement Disbursement for: General Category/ Type Office Sought: House Disbursement For: General Candidate Name Category/ Type Category/ Type Category/ Type Office Sought: House Disbursement For: General Candidate Name Category/ Type Category/ Type Office Sought: House Disbursement For: General Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Ty				9110 2013
Purpose of Disbursement FL/ND TSH(SIN G) HOST MG OTSAMIC ADC SCTIIN FILE Office Sought: House	AMADA CA 94559	State Zip Code		
Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) B.	Purpose of Disbursement FUND BALSIN	G		
Office Sought:	HOSTING OBAMACARE SE	MINAE)	0-1	Amount of Each Disbursement this Period
Senate Primary General Other (specify) President Other (specify) President Other (specify) President Other (specify) Primary Other (specify) Other (sp				, ,7 <i>04.0</i> 0
State: District:	"			
B.	President	<u> </u>		
B. Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primacy General Other (specify) ▼ Date of Disbursement this Period Category/ Type Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District:		 		
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For:	B.		· .	Date of Disbursement
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: District: State Zip Code Purpose of Disbursement Candidate Name Category/ Type Type Amount of Each Disbursement this Period Category/ Type Condidate Name Condidate Nam	Mailing Advance		•	(a) (8) / D D / Y Y Y
Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: District: Primary General Other (specify) ▼ State: District: District: Primary General Other (specify) ▼ State: District: District: Primary General Other (specify) ▼	Maurity Autores			
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Type Office Sought: Other (specify) State: District:	City	State Zip Code		
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City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:				Date of Disbursement
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	Malling Address			51 61 / C D / Y Y Y
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:	Mailing Address			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District:	City	State Zip Code		
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	Purpose of Disbursement			
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:	Candidate Name		0-1	Amount of Each Disbursement this Period
Senate				
State: District: Other (specify) ▼		·		
	President	لسا		
SUBTOTAL of Disbursements This Page (optional)	State: District:			
	SUBTOTAL of Disbursements This Page (optional)			• •
TOTAL This Period (last page this line number only)	TOTAL This David (last was this line number onto			704 00

SCHEDULE C (FEC Form 3X)	
LOANS	Use separate schedule(s) PAGE S OF 5
	Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)	ACIEDAL ACIMALETECE
NAPA COUNTY REPUBLICAN YOAN SOURCE Full Name (Last, First, Middle Initial)	LENIETE COMMITTEE
Control of the state of the sta	Primary
Mallan Address	General
Mailing Address	Other (specify)
City State ZIP C	ode
Original Amount of Loan Cumulative Payment To	
Sandara Dan Park Same Branches De Star de Goods and Starten Desider Sa	
TERMS Date Incurred Date Due	
MAN LOCAL LANGE LA	% (apr) Yes No
List All Endorsers or Guarantors (Many) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
State VIB Ande	Amount produce a produce of the date of th
City State ZIP Oode	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Grant granting out of the samp complete and proceedings of the sample of the sa
City City 211 Code	Outstanding: Samulture down Presidential Brandmanthan thousand
3. Full Name (Last, First, Middle Initial)	Name & Employer
Mailing Address	Occupation
	Amount yes a series governors to any or a personal and
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	- Arriva dania chead outer des
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	no Schedule D. carry forward to appropriate line of Summary

13031130698

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		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION	NUMBE
	C 00 4556	50
NAPA COUNTY REPUBLICAN C	ENTRAL COMMITTEE	2
ENDING INSTITUTION (LENDER)	Amount of Loari Interest Rate (A	PR)
Name		٦
	Interior Business Business Section Institute Section Section	%
ailing Address	(224) (224) (224	1414
	Date incurred or Established	****
ity State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurred	
B. If line of credit,	Total Outstanding	-
Arnount of this Draw:	Balance:	لنعد
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	nd? st be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the lo	pan: real estate, personal What is the value of this collater	ai?
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers, similar traditional collateral?	7-7-
No Yes If yes, specify:	Days the lands have a make	A
	Does the lender have a perfected interest in it? No Ye	
E. Are any future contributions or ruture receipts of interest collateral for the loan? No Yes If yes, s	T i i i i i i i i i i i i i i i i i i i	:
		لسانند
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:	· ·
Mann's large, Largert	City, State, Zip:	· · · · · ·
F. If neither of the types of collateral described above was	pledged for this loan, only the amount pledged does not equal or	exceed
the loan amount, state the basis upon which this loan	was made and the basis of which it assures repayment.	
		·.
G. COMMITTEE TREASURER	DATE	
Typed Name Signature		
H. Attach a signed copy of the loan agreement.		· ;
I.—TO BE-SIGNED BY THE LENDING INSTITUTION: L To the best of this institution's knowledge, the term	ms of the loan and other information regarding the extension of the	ne loan
similar extensions of credit to other borrowers of (iuding interest rate) no more favorable at the time than those imp	
III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 CF	loan must be made on a basis which assures repayment, and he R 100,62 and 100,142 in making this loan.	35
THORIZED REPRESENTATIVE	DATE	
yped Name Ignature Title	بمدعا ، لودعا ، لعدها	1227
Ignature Title	المنا لمنا المنا المنا	-

SCHED	ULE D	(FEC	Form	3X)
DEBTS	AND O	BLIGA	TIONS	3

(Use separate

PAGE 10 0F15

DEBTS AND OBLIGATIONS Excluding Loans		schedule(s) for each umbered line)	(check only one)
NAME OF COMMITTEE (In Full)			
NAPA COUNTY REPUBLICAN CO	ENTRAL CO	MMITTE	EE
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			ebt (Purpose):
Mailing Address		7	•
City State Zip Code			
Outstanding Balance Beginning This Period			
The state of the s	ent This Period		ig Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			ebt (Purpose):
Mailing Address			
City State Zip Code			
Outstanding Balance Beginning This Period Amount incurred This Period Payment Company Compan	Britania Period		g Balance at Close of This Period
disea the subsect the subsect three Branches along the subsect of the subsect of the subsect of the subsect of	er iden st. Johnson bereitsen bei		ng Productions Court Briss Book Stage Place and manual
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of De	ebt (Purpose):
Mailing Address		7	
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period Payme	ent This Period	Outstanding	Balance at Close of This Period
SUBTOTALS This Period This Page (optional)	>	and bandon	and the state of t
2) TOTALS This Period (last page this line number only)	>	Constitution And	Charles from high . But a his or a statement for the same
TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>	starting date	Brandanadan Brandan State Company
) ADD 2) and 3) and carry forward to appropriate line of Summary f	Page (last page only) >	and the second	The substruction of Mariety and a Characters

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	PAGE OF 5
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER V
NAPA COUNTY TREPUBLICAN CENTER COMM.	00455659
Check if 24-hour report 48-hour report New report Amends report filed on	1, [9:0], [2:4:4:4:4]
Full Name (Last, First, Middle Initial) of Payee Date	
Mailing Address	7, 6,49,
Amount	
City State Zip Code	a franches de motor esperantamistre esperant
Purpose of Expenditure Category/ Type Office Sought:	House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	President Oppose
Calendar Year-To-Date Per Election Disbursement Fo	
Full Name (Last, First, Middle Initial) of Payee Date	эреспу) ————
AL L. R.	المصمميما المصمميما
Mailing Address Amount	d Suntanal Variational
City State Cip Code	
Purpose of Expenditure Category Type Type	House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	President Support Oppose
Calendar Year-To-Date Per Election for Office Sought Other (r: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	E-K-L-ik-L-ik-L-i
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expanditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	ration, consultation, or concert sporting entity is not a political
Signature Date	

SCHEDULE F (FEC Form 3X)

Aggregate General Election Expenditure for this Candidate

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

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

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

ON	BEHA	NLF	OF	CANDIDATES	FOR	FEDERAL	OFFI
12 1	120	RAA	1 2/1	4//			

(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) NADA COUNTY REPUBLICAN CENTRAL COMMITTEE

your committee been designated to make | Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES □ NO Mailing Address If YES, name the designating committee: City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date Zip Code Name of Federal Cardidate Supported House State: Senate Olskict: 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 Zip Code Name of Federal Candidate Supported Office Sought: Amount Senate District: Presidentia Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailm'g Address City State Zip Code Name of Federal Candidate Supported Office Sought: State: **Amount** Senate District:

Presidential

FEC Schedule I	F (Form	3X) Rev.	02/2009
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SCHEDULE H1 (FEC Form 3X)

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 TREPUBLICAN 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)			
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			
If the committee is spending more than 50% federal funds, indicate ratio below			
Federal%			
Nonfederal%			
This ratio applies to (check all that apply):			
Administrative Generic Voter Drive Public Communications Referencing Party Only			

SCHEDULE H2 (FEC Form 3X)					
ALLOCATION RATIOS		PAGE OF 15			
NAME OF COMMITTEE (In Full)					
NAPA COUNTY PEPUBLICAN CENTS	PAL COMMIT	TEE			
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT				
Methods of allocation:					
 FUNDRAISING activities are allocated using the funds received me expenses must equal the federal proportion of monies raised. 	thod" where the federal pro-	oportion of			
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated acc where the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includes public com- federal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal cand munications or voter drives	idates from the ac-			
ACTIVITY OR EVENT IDENTIFIER					
ACTIVITY IS:	FEDERAL %	NONFEDERAL %			
Findraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	% % % % % % % % % % % % % % % % % % %			
ACTIVITY OR EVENT IDENTIFIER					
NOTIVITY ON EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
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Fundraising Direct Candidate Support	Localina Branchen 196	want and was Transforms %			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:		L			
Fundraising Direct Candidate Support	" Land Sand Sand Shraban	<u> </u>			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	-				
Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	<u> </u>	<u> </u>			
New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:	LEDELLE 30	MONITORINE 30			
Fundraising Direct Candidate Support	%	<u></u> %			
CHECK IF THE RATIO IS: New Revised Same as Previously Reported					
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONEEDERAL %			
ACTIVITY IS: Fundraising Direct Candidate Support	1%	1 %			
CHECK IF THE RATIO IS:	Inches des See hours 19	Seasobase shore Sheet front			
New Revised Same as Previously Reported	!				

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGI	Ē	C	F		
	5			15	
FOR	LINE	18a	OF	FORM	3X

IAME OF COMMITTEE (In Full)					
NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE.					
NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED		
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BREAKDOWN OF TRANSFER RECEIVED					
i) Total Administrative					
			Virginia bisa Pandesa San Bundan atma Bandana		
II) Generic Voter Drive	************************************	***************************************			
			Trust Secretaria Base Secretaria Secretaria Secretaria Secretaria de Compositoria del Compo		
III) Exempt Activities			arabandran Bon braston Particolar Brandon		
Iv) Direct Fundralsing (List Activity or Event Ide	antiflar)	•	i se e più a postitui de Piùvos. I postitui de Più a più Marchia e de Mingratifica a de la companifica a de la		
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c) Total Amount Transferred For Direct Foods	ralsing	******	manufacture to a subject of the Court from the subject from		
v) Direct Candidate Support (List Activity or E	ivent Identifier)				
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a)		com dense al sense la coste l'est es les	1		
		reme Personal and a second and an arrangement			
b)	Kil	and the second second to the second second			
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c) Total Amount Transferred For Direct Candi	idate Support		more than the a Proposition with the Point of a making the parameters.		
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vi) Public Communications Referring Only to	Party (Made by PAC)		manufaccard man Browstown bases Promotores Brows Phonostown		
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	•	James and secondary	- James - Sandard		
TOTAL This Period (Generic Voter Drive)		Secretario bene Describerad	mortine and market		
		Language of the Control			
TOTAL This Period (Exempt Activities)		··· Anna Anna Mara	the state of the s		
and the State State of State o		have been dear	- Andrews - Samuel - Andrews - Andre		
TOTAL This Period (Direct Fundraising)		Laboratoria Laboratoria de la Constantia	and the same of th		
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TOTAL This Period (Total Amount Transferred)					
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NCRCCPO BOX 3263
NAPA CA 94558

(8/2013)

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. Date of Receipt Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified /20/3 Postmarked **USPS Priority Mail Postmarked USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): 10/17/203 TB PREPARER DATE PREPARED