2030810728

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 MAY 14 AM 11:39

FEC MAIL CENTER

Office Use Only

 NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

NAPA COUNTY TEEPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

P.O. TEDX 3263

Check if different than previously reported. (ACC)

NAPA

CA 94558

FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE 2. 3. IS THIS **AMENDED NEW** C 00*45*5659 REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) (Non-Election Year Only) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Report (Choose One) Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report (Q1) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) In the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day (d) Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: **Termination Report** (TER) in the Election on State of 2012 Covering Period through

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer 105EPH BLEVINS

Signature of Treasurer

Joseph Blesins

ate 24 10 2012

B5-09-2012

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

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1	Use		i i	1	Rev. 12/2004
	Only				nev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY PEPUISLICAN CENTRAL COMMITTER

Report Covering the Period:

From:

AL B.

2012

Го: *D*

3 31

2012

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		1364.90
	(b) Cash on Hand at	17/4 04	
	Beginning of Reporting Period	1364 90	
	(c) Total Receipts (from Line 19)	389.50	389.50
	(d) Subtotal (add Lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1754.40	17 54.40
 7.	Total Disbursements (from Line 31)	453.50	453,50
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	1304.90	1304.90
9.	Debts and Obligations Owed TO		
	the Committee (Itemize all on Schedule C and/or Schedule D)	000.00	
10.	Debts and Obligations Owed BY		
	the Committee (Itemize all on Schedule C and/or Schedule D)	00.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY TEPUBLICAN PARTY

R	eport Covering the Period: From:	01	2012 To:	<i>0</i> 3	31	2012
	I. Receipts	To	COLUMN A		COLUMN Idar Year-1	-
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees					
	(i) Itemized (use Scheduln A)	,	Ø00.00	,	Ø	00.00
	(ii) Uniternized	,	.101.50	,	/	101.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	,	101.50	;	,4	01.50
	(b) Political Party Committees	,	288.00	:	2	88.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	,	Ø00.00	1	Ø	00.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	,	389.50	,	3	89.50
12.	Transfers From Affiliated/Other Party Committees	,	000.00	3	Z	100.00
13.	All Loans Received	,	\$00.00	,	P	00.00
	Loan Repayments Received Offsets To Operating Expenditures	;	\$00.00	,	B. C	00.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	ŗ	BO 0.00	J	A	00.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	,	900.00	Ý	Ø.	00.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	3	Ø,0 0.00	,	Ø, Z	00.00
	(a) Non-Federal Account (from Schedulo H3)	. ,	0.00.00	,	80	0.00
	(b) Levin Funds (from Schedule H5)	,	Ø00.00	,	D, E	000
	(c) Total Transfers (add 18(a) and 18(b))	,	A00.00	1	Q	0.00
19.	Total Receipts (add Lines 11(d),					
	12, 13, 14, 15, 16, 17, and 18(c))▶	,	389.So	,	_3	89.50
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	3	389.50	3	3	8 9.50

12030810730

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Reriod	COLUMN B Calendar Year-to-Date		
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	. 453.00	45000		
		· · · · · · · · · · · · · · · · · · ·	, 7.3.0.0D		
	(ii) Non-Federal Share(b) Other Federal Operating	, ,	, · · · · ·		
	Expenditures	, , Ø.00	, , Ø.00		
	(c) Total Operating Expenditures				
22	(add 21(a)(!), (a)(ii), and (b))	450.00	, 450.00		
	Committees	, , Ø. 🗸	, , ø.80		
!3 .	Contributions to Federal Candidates/Committees				
)4	and Other Political Committees	, , Ø.0 0	, , p. &O		
	(use Schedule E)	, d.00	, , ø. 00		
	(2 U.S.C. §441a(d)) (use Schedule F)	, ø.00	, , d. 00		
: 6.	Loan Repayments Made	, , 0.00	, , ø .00		
7.	Loans MadeRefunds of Contributions To:	, , O O	, , 0. 80		
0.	(a) Individuals/Pdrsons Other Than Political Committees	, Ø.00	<i>A</i> 10		
		,	, , 2. 50		
	(b) Political Party Committees	, , Ø.OD	, , , ø.0 0		
·	(such as PACs)	, Ø. 00	, , ø .00		
	(d) Total Contribution Refunds		•		
	(add Lines 28(a), (b), and (c)}▶	, Ø. DO	, , 6.00		
9.	Other Disbursements	, , 3. 5 <i>D</i>	, , 3. SD		
0.	Federal Election Activity (2 U.S.C. §431(20))				
1	(a) Allocated Federal Election Activity				
	(from Schedule H6) (i) Federal Share	, Ø.00	, 00		
	() I coola chao		, , , , , , , , , , , , , , , , , , , 		
	(il) "Levin" Share	, , Ø.00	, , Ø. 00		
,	(b) Federal Election Activity Paid Entirely With Federal Funds	, , Ø. 00	, , ø.00		
((c) Total Federal Election Activity (add	, D.O O			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, , Ø. 00	, , Ø. Ø		
1. 1	Total Disbursements (add Lines 21(c), 22,				
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, ,45 3,50	, 4 53.50		
2. 7	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	from Line 31)	, , 453.50	, 453.50		

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 02/2003)		Page 5
111	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) (from Line 11(d), page 3)	. 1.01.50	
	Total Contribution Refunds (from Line 28(d))	, Ø.00	, , D. DO
	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, , <i>101.50</i>	, ./01 . 50
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	453.50	, 4.5_3,50
37.	Offsets to Operating Expenditures (from Line 15, page 3)	, , Ø. Ø	, , 1.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	, 453.50	, 453.50

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 6 OF /		
ITEMIZED RECEIPTS	Use separate schedule(s for each category of the	(check only one)		
	Detailed Summary Page			
Any information conied from such Reports a	and Statements may not be sold or used by any particular.	1 13 14 15 16 17		
	g the name and address of any political committee			
NAME OF COMMITTEE (In Full)				
ALDED ACCUSEVE	DETERMINE CENTRAL	(
/ NAPA COUNTY	PEPUBLICAN CENTRA	COMMINIEE		
Full Name (Last, First, Middle Initial) A. NAPA DOUNT PEPU	ISLICAN PARTY	Date of Receipt		
Mailing Address P.O.BOX 326	7	03-12-2012		
City City	State Zip Code	_		
NAPA	CA 94558	Amount of Each Receipt this Period		
FEC ID number of contributing				
federal political committee.	C00455659	288.00		
Name of Employer	Occupation	200,00		
	\mathcal{N}/\mathcal{A}			
Receipt For:	Aggregata Year-to-Date ▼			
Primary General Other (specify) •				
☐ Other (specify) ▼	232.00			
Eul Nome /Lest Signt Middle Initial)				
B. Cui Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address				
City	State Zip Code			
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	Amount of Lauri Hocapi uns Period		
Name of Employer	Occupation	_		
tane are employed				
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	Aggradate real to bate v			
Other (specify)				
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address				
City	State Zip Code			
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C			
Name of Employer	Occupation	4		
rume or uniployer	- soupeasit			
Receipt For:	Aggregate Year-to-Date ▼	-		
Primary General	nggrogato real-to-bate 4			
Other (specify)		1.		
SUBTOTAL of Receipts This Page (optional)				
PARAL TRUE Death Afficiant and the second				
I UTAL THIS PERIOD (last page this line humb	per only)	# 2,88.00		

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Use separate schedule(s) for each category of the category	SCHEDULE B	(FEC Form 3)	· 1		FOI LI	INE NUMBER: PAGE 7 OF //
or for commercial purposes, other then using the name and address of any political committee. NAME OF COMMITTEE (in Full) NAME OF			for each category of Detailed Summary	dule(s) of the Page	(chi ck	only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30b
Full Name (Last, First, Middle Initial) ANAPA - SOLAND HOME & GARDED SHOUL Melling Address F. D. T. D. X. 41.5 City State Zip Code LINCOLN CA 95.6.42 Puppose of Disbursement TAUDIT PENTRL AT HUME & GARDEN SHX Candidata Name Candidata Name Other (specify) Full Name (Last, First, Middle Initial) Calley (Primary General Primary General Primary General Primary General Chief (specify) Type State: Other (specify) Other (specify	Any information copied or for commercial purpo	from such Reports and pages, other than using	d Statements may not be sold the name and address of any	d or used by political c	omı itte	person for the purpose of soliciting contributions us to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Cardidate Name City State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Calleg cry/ Tyr is Date of Disbursement this Period Calleg cry/ Tyr is Date of Disbursement this Period Calleg cry/ Tyr is Date of Disbursement Calleg cry/ Tyr is Date of Disbursement this Period City is C	NAME OF COMMIT	TEE (In Fulf)				·
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Office Sought: House Senate Primary General Disbursement For: State: District: Full Nome (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Disbursement For: Senate Primary General Other (specify) ▼ State: Disbursement This Page (optional)						Amount of Each Disbursement this Period
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Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)						
President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought:		en et al. and a second a second and a second a second and			7
State: District: SUBTOTAL of Disbursements This Page (optional)		i i		eral		
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TOTAL This Period (last page this line number only)	SUBTOTAL of Disburse	ements This Page (opt	ional)	•	▶	
	TOTAL This Period (las	st page this line number	er only)		•	4 50 00

SCHEDULE C	(FEC	Form	3X)
LOANS			

DANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE	OF []
AME OF COMMITTEE (In Full)			 	·
NAPA COUNTY TEC	POBLICAN C	CENTERL COM	ITTEL	<u>-</u>
LOAN SOURCE Full Name (Last, Fire	st, Middle Initial)	E	ection: Primary	
			General	
Mailing Address			Other (specify	▼
City	State ZIP	Code		
Original Amount of Loan	Cumulative Payment	To Date Balance	Outstanding at	Close of This Period
	j	,	,	
TERMS Date Incurred	Date D			Secured:
W W 0 0 / Y / 7	0 0 0 0 0	7 Y Y Y	% (apr)	Yes No
List All Endorsers or Guarantors (if a	any) to Loan Source		<u>,,,, ——, —</u>	
Full Name (Last, First, Middle Initial		Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed	···	
	No.	Outstanding:	3	•
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed		
•		Outstanding:	3	•
3. Full Name (Last, First, Middle Initial))	Name of Employer		
Mailing Address		Occupation	<u> </u>	
		Amount	$\overline{}$	
City	ate ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	te ZIP Code	Guaranteed Outstanding:	,	. \
UBTOTALS This Period This Page (option	onal)	>	, ,	
OTALS This Period (last page in this line	e only)	>	, ,	
arry outstanding balance only to LINE 3	, Schedule D, for this line.	If no Schedule D, carry forward	to appropriate	line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 2. of Schedute C

Federal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Full)		FEC	DENTIFICATION NUMBER		
		_ C	00455659		
NAPA COUNTY BEPUTELICAN C	<u>CENTRAL COMMITTE</u>				
DENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)		
Full Name					
	, ,		. %		
Mailing Address		M 61	/ O D / Y Y Y		
	Date Incurred or Established				
City State Zip Code	Date Due	м и	/ D D / V Y Y Y		
City State Zip Code	Date Due				
A. Has loan been restructured? No Yes	If yes, date originally incurred	0 9	/ O D / Y Y Y Y		
B. If line of credit,	Total				
Amount of this Draw:	Outstanding Balance:	,	,		
C. Are other parties secondarily liable for the debt focure					
	st be reported on Schedule C.)	A in the	value of this collection		
D. Are any of the following pledged as collateral for the laptoperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers.		value of this collateral?		
No Yes If yes, specify:		,	1		
			nder have a perfected security		
E. Are any future contributions or future receipts of interes			? No Yes		
collateral for the loan? No Yes if yes, s			estimated value?		
		9	,		
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	bocation of account:				
Date account established:	Address:				
M M / D D / Y Y Y	City, State, Zip:				
F. If neither of the types of collateral described above was the loan amount, state the basis upon which this loan	s pledged for this loan, or if the amor was made and the basis on which it	int pled assure	ged does not equal or exceed s repayment.		
G. COMMITTEE TREASURER		DATE			
Typed Name		14. N	1 0 0 1 Y Y Y Y		
Signature		. :			
H. Attach a signed copy of the loan agreement.					
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the term are accurate as stated above.	ms of the loan and other information	regardi	ng the extension of the loan		
The loan was made on terms and conditions (including similar extensions of credit to other borrowers of the conditions).		e at the	time than those imposed for		
III. This institution is aware of the requirement that a complied with the requirements set forth at 11 CF	loan must be made on a basis whi	th assul s Ioan.	res repayment, and has		
AUTHORIZED REPRESENTATIVE		ATE			
Typed Name		ia xi	7 Y Y Y Y Y Y		
Signature			·		

SCHEDULE D (FEC Form 3X) PAGE (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) **Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

1	Full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Nature of Debt (Purpo	se):	
Maili	ng Address				
City	State	Zip Code			
O	utstanding Balance Beginning This Period		1		, ,, ,
	, , Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of	This Period
	, , ,	2 .	,	1	•
B. Fo	ull Name (Last, First, Middle Initial) of Deb	oter or Creditor	Nature of Debt (Purpo	se):	·
Maili	ng Address	- ~			
City	State	Zip Code			
Ot	standing Balance Beginning This Period		<u> </u>		
i V	Amount Incurred This Period	Payment This Period	Outstanding Balance	at Close of 1	This Period
i	, ,	, ,	, ,	,	•
C. F	full Name (Last, First, Middle Initial) of De	ebtor or Creditor	Name of Debt (Purpo	se):	
Mailir	ng Address		BILDE		
City		State Zip Code	K		
Ou	standing Balance Beginning This Period				
İ	, , ,	Payment This Period	Outstanding Balance	at Close of	Nais Period
	, , , .	1 1	,	3	
1) SUB	TOTALS This Period This Page (optional)			
		per only)	,	,	
з) тот	AL OUTSTANDING LOANS from Schedu	le C (last page only)	,	,	
4) ADD	2) and 3) and carry forward to appropria	ate line of Summary Page (last page only) ▶			

9 OF 11

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

EMIZED INDEPENDENT EXPENDITURES			PAGE /O OF // FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER V
IAPA COUNTY PEPUBLICAN I	CENTRAL COMI	DITIEE	1
Check if 24-hour notice 48-hour notice		.,	- COC4 JAS-1
Full Name (Last, First, Middle Initial) of Payee		Dat	te
			, , , , , , , , , , , , , , , , , , ,
Mailing Address			
		Am	ount
City State	Zip Code		
1	·		, , .
Purpose of Expenditure	0.1/	Office So	ught: "House State:
	Category/ Type		`Senate District:
Name of Federal Candidate Supported or Opposed by Expendi	hure:	1	President
Trains of Federal Gardinata Supported of Spinosod by Experior	nuic.	Check O	ne: Support Oppose
	 	ļ	the state of the s
Calendar Year-To-Date Per Election		Disburser	nent For: Primary General
for Office Sought ,	,		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Dat	de
Tun Hame (Last, 1984, Musule initial) of Payee	'n		61 M + Q D / Y Y Y
Mailing Address	\		
	Ki	Am	ount
City State	Zip Colle		
			, ,
Purpose of Expenditure	Catagonal	Office So	ught: House State:
	Category/ Type		Senate District:
Name of Federal Candidate Supported or Opposed by Expendi	ture:		President
		Check Or	ne: Support Oppose
		Di bum	5-15-15-15-15-15-15-15-15-15-15-15-15-15
Calendar Year-To-Date Per Election for Office Sought			hent For: Primary General
tor Office Sought ,	, .	L	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		. >	
(b) SUBTOTAL of Uniternized Independent Expenditures		. •	
			, , ,
(c) TOTAL independent Expenditures		· •	
		•	, , ,
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority	res reported herein were ized committee or agent o	not made in of either, or i	1 cooperation, consultation, or concert
party committee) any political party committee or its agent.			In the second state of the second
			1
			1
	Date	M sa	/ D D / Y Y Y Y
Signature	-		1

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
(2 U.S.C. §441a(d))

PAGE // OF //

	De used only	by Political Con	nmittees in the (General Election)	FOR LINE 25	OF FURM 3X
ME OF COMMITTEE (in Full)				_		
NAPA COUNTY THE	PUBLIC	CAN CER	MERL C	OMMITTEE		
s your committee been designated to ma	ike	Full Name of Su	bordinate Commit	ttee		
dinated expenditures by a political party YES NO	committee?	-				
YES, name the designating committee:		Mailing Address				
	City		State ZIP Code			
Full Name (Last, First, Middle Initial) of	Each Daves	l		Purpose of Expen	diture 1	
י טוו יזמוויס (במסג, קוסו, אוטטוט וווווווו) 10	Laws Fdy99					
						Category/
Mailing Address	- 			Deta		Type
City State Zip Code				Date	5 V V	· • •
		_ip 0000	-		· '	•
Name of Federal Candidate Supported	Office Sough	÷	State:	Amount		
		Senate	District:			
	1	Presidentia	u 1		,	•
Aggregate General Election Expenditure for this Candidate	1/2	•				
		2				
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expend	diture	
Mailing Address			 			Category/ Type
				Date	i	-,,,,,
City	State	Zip Cone	<u> </u>	" " " "	y y	4 (
Name of Federal Candidate Supported	Office Sough	nt: House	State:			
Summodio Supporiou	Oure Sough	TI: House Senate	State:	Amount	_	
		Presidentia			-	_
Aggregate General Election			1	'	,	•
Expenditure for this Candidate	ť	,				
Full Name (Last, First, Middle Initial) of	Each Paves			Purpose of Expend	liture I	
(wood index) Of	· uyoo				į	
			·····	→ \	1	Category/
Mailing Address				200	i	Туре
City State Zip Code				Date	0 ' (Y	y (
					- · · ·	• •
Name of Federal Candidate Supported	Office Sough	}i	State:	Amount	/	
		Senate	District:	-		
		Presidential) I	,	,	•
Aggregate General Election Expenditure for this Candidate ▶	-				/	
THE PERSON AND CAMBRIDGE P	,	,	-			
			·············			1
STOTAL of Expenditures This Page (opt	tional)			<u> </u>	1	
AL This Period (last page this line num	her only			_		/
we this conoc has bade this into unit	1001 OHIY)	***********	***************************************	▶ ,	3	

NO OTHER SCHEDULES APPLICABLE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
	Date of Receipt
Hand Delivered	
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confir	mation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
8	-/14/17
PREPARER	DATE PREPARED
(3/2005)	