2019-07-24-03-00287770

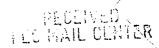
FEC FORM 3X

> Use Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee



2019 JUL 24 AH 10: 24

FEC FORM 3X Rev. 12/2004

Office Use Only

1.	NAME C	OF TEE (in full)	TYPE OR	PRINT ▼		nple: If typ the lines.	ing, type	12FE4N	15 		
N	/APA	COUNT	1 Rev	UBLICAL	1 CET	VITZA	LICOM	MITT	E4		
Ц		<u> </u>			<u> </u>	 	<u> </u>	1 1 1			
ΑŲ	ORESS (r	number and street)	P.O	BOX	326	3			1 1 1	1	
:		eck if different			<u> </u>					1.1.	
		n previously orted. (ACC)	INA	PA	<u>i i l </u>			CA	945	<u>58</u> -	2501
2.	FEC ID	ENTIFICATION N	UMBER ▼		ΓY Δ		' ;	STATE A		ZIP COD	DE ▲
	CV	04556	59		S THIS REPORT	7	NEW (N) OR	,	AMENDED (A)		
4.	TYPE (Choose	OF REPORT One)		port e On:	20 (M2)		May 20 (M5)	. :	ug 20 (M8)	٠.	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		•	, Mai	20 (M3)	1 - 1 1	Jun 20 (M6)	;	ep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	and the state of t	April 15 Quarterly Report (6	O1)	Apr	20 (M4)		Jul 20 (M7)	C	Oct 20 (M10)		Jan 31 (YE)
		July 15 Quarterly Report ((C)	12-Day PRE-Election		Primary (12	•	•	ral (12G)		Runoff (12R)
		October 15 Quarterly Report (Q3)	Report for the:	- F	Convention	(120)	Speci	al (12S)		
		January 31 Year-End Report (YE)	Election	on on	# # 1	, , , , ,	Υ Υ Υ Υ	Y	in the State of	
	4	July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d)	30-Day POST-Election Report for the:		General (30	0G)	Runo	ff (30R)		Special (30S)
	Approximately and the second s	Termination Report (TER)	t	Election	on on	M M	/ ('D O . /	' Y - 'Y - 'Y	Y . ;	in the State of	
5.	Covering	g Period 💆	ს	١٩٠١	7	through	۵۵	30 °	2019	v + v	
	-	I have examined t			f my know	-	belief it is tru	ue, correct	and complet	le.	
		Treasurer		Bledins		/ N 3		Date B		8	2019
NC		nission of false, error	neous, or in	complete informatio	n may sul	bject the po	erson signing t	his Report t	to the penaltic	es of 2 U	.S.C. §437g.
	10	ffice		1 1			1	I		EOD	M 2Y

2019-07-24-05-00287771

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
NAPA COUNTY RET	PUBLICAN CENTRAL C	OMMITTEE
Report Covering the Period: From:	7 20.19 TO	06 30 2019
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		4,19.2,00
(b) Cash on Hand at Beginning of Reporting Period	2.5.0.5.0.0	
(c) Total Receipts (from Line 19)		1.0,2.2,3,00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,8,53.00	1.4,4,05,00
7. Total Disbursements (from Line 31)	3,2.5.00	7.877.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,5,28,00	6.5.28.0.0
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)		
This committee has qualified as a multi-	candidate 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

FE6AN026

DETAILED SUMMARY PAGE of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	NAPA COUNTY REPU	BLICHN CENTRAL COM	MINITEE
Re	port Covering the Period: From.	4 01 2019 To:	06 30 2019
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
	(a) Individuals/Persons Other	. 1	
	Than Political Committees	170000	2015
	(i) Itemized (use Schedule A)	1.32.00	2915.00
	(ii) Unitemized	, 229.00	229.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)▶	1549.00	3144,0
	(b) Political Party Committees	3100:00	8975.X
	(c) Other Political Committees	A	
	(such as PACs)(d) Total Contributions (add Lines		L. L
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	4649.00	12/19.0
12.	Transfers From Affiliated/Other		Control of the Contro
	Party Committees	200000	, 2000.0
13.	All Loans Received		A
	Lana Basa manta Basal sal) A	
	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	a de la constant de l	0
16.	Refunds of Contributions Made		
	to Federal Candidates and Other		pine and the second
	Political Committees	<u> </u>	0.
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)	<u> </u>	
18.	Transfers from Non-Federal and Levin Fund	s	
	(a) Non-Federal Account		10190
	(from Schedule H3)	<u> </u>	1
	(b) Levin Funds (from Schedule H5)	<u> </u>	A
	(b) Levill Funds (nom Schedule HS)		
	(c) Total Transfers (add 18(a) and 18(b))	. 1019.00	1,0190
	,-,	1011800	10110
			•
19.	Total Réceipts (add Lines 11(d).		10100
	12, 13, 14, 15, 16, 17, and 18(c)}	7667.00	15138.0
ñn	Total Enderal Paga ata		and the second s
۷.	Total Federal Receipts (subtract Line 18(c) from Line 19)	6649.00	1-CI Fari
	lanneact time total ucurrens tal	60 1-1-00	1711940

2019-07-24-03-00287772

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures 26. Loan Repayments Made..... Loans Made.....

 Refunds of Contributions To:
 (a) Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).......... ▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 7.8.7.7.00 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

2019-07-24-03-0	-
00287775	
	,

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 15 (check only one) 118 110 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements re or for commercial purposes, other than using the name and	nay not be sold or used by any pe address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	AN CENTRAL	,
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 2090 FIRST STRE	L-T	B4 B3 2079
City State CA	Zip Code 97559	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		24.0.00
Name of Employer Occupate NONE	SEWIFE	
Receipt For: Primary General Other (specify) JOINT FUND RAISER	e Year-to-Date ▼ ,246.00	
Full Name (Last, First, Middle Initial) B. MC DOVALD , 120784-R.T.		Date of Receipt
Mailing Address 3707 GLLGV WAY		eg ez 2019
NAPA CA	74552	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		25 0.00
Name of Employer Occupation TELETIZETO NO.	on NGC	
Receipt For: Aggregat	te Year-to-Date ▼	
Other (specify) ▼ JOINT FUND RAISER	, 250.00	
C. Full Name (Last, Eirst, Middle Innial) SAM	·	Date of Receipt
	TE.6	94 68 2019
NAPA State	Zip Code 7,4555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		32 0.00
Name of Employer Occupate MOBIL MAGIC FINAN	ON ICIAL ADVISOR	
Receipt For: Primary General Other (specify) →	e Year-to-Date ▼ .32.0.00	
SUBTOTAL of Receipts This Page (optional)		81700

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- 0 7	
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7 7 8	

8	CHEDULE A (FEC Form 3X)				
ITEMIZED RECEIPTS			Use separate achedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF /5 (check only one)	
Ar	ny information copied from such Reports and St. for commercial purposes, other than using the	stements mane	ly not be sold or used by any so	15 14 15 16 17 reson for the purpose of soliciting contributions to solicit contributions from such committee	
K	NAME OF COMMITTEE (In Full)				
Z		UTSLIC	'AN CENTRAL	COMMITTEE	
A.	Full Name (Last First, Middle Initial) LAR	RY		Date of Receipt	
	City	UNZ State	Zip Code	2019 ES	
	NAPA CA		94559	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		.270.00	
	Name of Employer STANFORD UNIVERSITY	CINAN	ICE DEFICER		
	Receipt For: Primary General		Year-to-Date ▼		
-	Z Other (specify) ▼ SOINT FUND TEALSER		350,00		
8.	Full Name (Last, First, Middle Initial) DAVIS, DENIS			Date of Receipt	
		COAT	2	84 89 2019	
	CITY YUBA CITY	State C/A	zip Code 95991	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		2'40.00	
	Name of Employer RETTED	Occupation N L	WE		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼:		
	Other (specify) V	`L	240.00		
C.	Foll Name (Last, First, Middle Initial)			Date of Receipt	
•	Malking Address			المستعيرا لمستا لسسا	
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			
•	Name of Employer	Occupation			
	Receipt For:	Aggregate	Year-to-Date ♥		
	Primary General Other (specify)				
٢	SUBTOTAL of Receipts This Page (optional)			\$10.00	

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

SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 9 OF 15
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 26c 29 30b
Any information copied from such Reports and State	ements may not be sold or user	by any person	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and address of any political	committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)	PLICAN CENTR	ar ca	MITTEE
OFFO OFFSET PR	ILITALIC OCUME	20//3	Date of Disbursement
Mailing Address	!	TIM /	BY B3 2019
Z349 N. WATRIEY	State Zip Code	<u> </u>	
FAIR FIELD Purpose of Disbursement	<u>CA 745</u> 33		
	YENT		Amount of Each Disbursement this Period
Candidate Name		Category/	3.25 0
Office Sought: House Disburs	sement For:	Туре	3,43,40
Senate [Primary General		
President State: District: 01/4	Other (specify) •	141200	
Full Name (Last, First, Middle Initial)	VIDVI CIIICNI F	616162	
в.		ļ	Date of Disbursement
Mailing Address			M = M / 0 - D / V - V - V - V - V - V - V - V - V - V
City	State Zip Code		
Purpose of Disbursement			
Sandle Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
<u></u>	sement For:	1380	
Senate	Primary General		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			ALM A DEDI A ALAKA
			Comments Comments of the Comme
City	State Zip Code		
Purpose of Disbursement	<u> </u>		
Candidate Name		L	Amount of Each Disbursement this Period
Calificate Native		Category/ Type	
	sement For:		· Variation in the second
Senate President	Primary General	·	
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional	<u>)</u>		
TOTAL This Period (last page this line number or	nivi		3 2 500
TO THE TIME FORM (day paye the mine humber of	11 7)	••••••••••••••••••••••••••••••••••••••	

HEDULE C (FEC Form 3X)	_ 	
DANS	Use separate schedule(s for each category of the Detailed Summary Page	PAGE 9 OF 75 FOR LINE 13 OF FORM 3X
ME OF COMMITTEE (In Full)		
UNDO ANUTES TO FINITO I	16 MIL COUTTON A	MAA ITTE
NAPA COUNTY REPUBL COAN SOURCE Full Name (Last, First, Middle Initial)	ILFIN CENTER CO	Floring
COAN SOURCE I bit Marile (Last, 1 list, Middle Hillar)		Primary
		General
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Other (specify)
City State	ZIP Code	
		nce Outstanding at Close of This Per
		ocumpation processes parties processes and a security of the s
TERMS		
Date Incurred	Date Due Interest Rate	
List All Endorsers or Guarantors (Many) to Loan Sou	ırce	
Full Name (Last, First, Middle Initial)	Name of Employer	
	Traine of Employer	
Mailing Address	Occupation	
	<u> </u>	
City State ZIP Ood		and constitutional constitution of the same for such standards of
3.1.3		d Bourdon Burgh Bourley Burgh and Broken
2. Full Name (Last, First, Middle Initial)	Name of Employer	·
Mailing Address	Occupation	
	Amount	CONTRACTOR OF THE PROPERTY OF
City State ZIP Cod		at Dandon when I have been been been been been been been be
		estand considered and have recognized a conference of the proposition and a considered and the conference of the confere
3. Full Name (Last, First, Middle Initial)	Name & Employer	
Mailing Address	Occupation	
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	Amount ' game	and the state of t
City State ZIP Cod		
	Outstanding:	and I) rangel manusic accords the another conditions of the another condi-
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address .	Occupation	<u> </u>
	Amount	Secretaristic and the second secretaristic and the second
City State ZIP Coo	de Guaranteed Outstanding:	and the market market times a specific or hidrogen trained
and the contract of the contra		
SUBTOTALS This Period This Page (optional)	Endon	ka ina kunané mané ium diamaki na ini paéungkun né

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

SCHEDULE C-1 (FEC Form 3X)			Supplementary for 6.5		
LOANS AND LINES OF CREDIT FROM	I I ENDING INSTITUTION		Information found on		
	LEINDING INSTITUTION	10/15	Page / of Schedule C		
Federal Election Commission, Washington, D.C. 20463		~ / / -	A. A. A. A.		
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER		
NAPA COUNTY REPUT	NINC DAI TOOTTS	, C	00455659		
			· · · · · · · · · · · · · · · · · · ·		
Name (LENDER)	Amount of Loan		Interest Rate (APR)		
	j. j.		. %		
Mailing Adoxess		1	· · · · · · · · · · · · · · · · · · ·		
Maning Addess	Date Incurred or Establishe		, 0 0 , Y Y Y Y		
City State Zip Code	Date Due	. и м	/ D D / Y Y Y Y		
A. Has loan been restructured? No Yes	If yes, date originally incurr		/ a · a · l · l · a · a · l		
		eu			
B. If line of credit,	Total Outstanding				
Amount of this Draw:	Balance:	3			
C. Are other parties secondarily liable for the debt	incurred?	······································	····		
No Yes (Endorsers and guaranto	ors must be reported on Schedule C	.)			
D. Are any of the following pledged as contateral to	Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers,				
stocks, accounts receivable, cash on deposit or			garanta da series de la companya del companya de la companya del companya de la c		
No Yes If yes, specify:	<u>. </u>	Does the lender have a perfe			
	4				
E. Are any future contributions or future receipts of	interes income pledged as	interest in it			
	yes, specific	What is the estimated value?			
		}	is The common of which the common of the com		
		· · · · · · · · · · · · · · · · · · ·	e e antonio de la companio del companio della compa		
A depository account must be established pursu to 11 CFR 100.82(e)(2) and 100.142(e)(2).	ant Location of account:				
Date account established:	Address:				
Many Losod Lander Cal			· .		
and a second land and a second and a second	City, State, Zip:				
F. If neither of the types of collateral described about he loan amount, state the basis upon which this	ve was pledged for this loan, or it the	e amount pledo	ged does not equal or exceed		
the loan amount, state the basis upon which this	loan was made and the basis on	William assures	ы тераутетс.		
	· · · · · · · · · · · · · · · · · · ·				
G. COMMITTEE TREASURER		PATE			
Typed Name Signature			A DOLD A SAME		
		Santine?	Reservation of the second		
H. Attach a signed copy of the loan agreement.					
TO BE SIGNED BY THE LENDING INSTITUTION To the best of this institution's knowledge, are accurate as stated above.		rmation regardi	ng the extension of the loan		
The loan was made on terms and condition similar extensions of credit to other borrow	ns (including interest rate) no more	favorable at the	e time than those imposed for		
III. This institution is aware of the requirement	that a loan must be made on a ba	sis which assur	es repayment, and has		
complied with the requirements set forth at AUTHORIZED REPRESENTATIVE	11 CFR 100.82 and 100.142 in ma				
Typed Name		DATE	Leading house and		
Signature	Title	─ [" "			

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE // OF /5 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE # 5 #5		. 110
NAME OF COMMITTEE (In Full)		
44 4774 4774 477		_,
NAPA COUNTY RE	PUBLICAN PART	7
X. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose):
1		radio or bost (raipood).
		i
Mailing Address		
City State	Zip Code	1
Ony State	Zip Code	
Outstanding Relays Beginning This Boded		
Outstanding Balance Beginning This Period		
The same of the sa		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A CONTROL OF THE POINT	t dymont truo t oned	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	•
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		·
B. Full Name (Last, First, Middle Initial) of Debtor	or Ureditor	Nature of Debt (Purpose):
	•	
Mailing Address		1
waining Address	\sim	
	<u> </u>	
City State	Code	
i	Ku	
Outstanding Balance Beginning This Period	\	
from the company in terminal control of the control		
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Amount Incurred This Period	Paymen This Period	Outstanding Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
O. Tui Haire (Last, First, Milable Initial) of Debio	or Greator	Nature of Debt (Furpose).
	\	
Mailing Address		
	\	1
City	State Zip Code	N
Outstanding Balance Beginning This Period		\
formal market makes makes in house have been described in the		\
1 (\
Americal Institute of This Posts at	Doumant This Dust I	0.44-48-48-48-48-48-48-48-48-48-48-48-48-4
Amount Incurred This Period	Payment This Period	Outstanding Ralance at Close of This Period
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1) SUBTOTALS This Period This Page (optional)	·············	Samuel and Same Same Same Same Same Same Same Same
•		handradandanthan / new margine.
2) TOTALS This Period (fast page this line number	only)	
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ر المراجع التي المراجع التي إل <mark>م أو أو الإنصاب المراجع ا</mark> لمري		the state of the s
3) TOTAL OUTSTANDING LOANS from Schedule (C (last page only)	
	and the second s	hand and and make the sale and and and and
4) ADD 2) and 3) and carry forward to appropriate	ine of Summany Page Mart mane artist	\ ⁶
The state of and carry lowers to appropriate	ine of Summary rage (rast page only)	Andrew Charles (bareline from the standard)

Signature

SCHEDULE E (FEC Form 3X)

PAGE 12 ITEMIZED INDEPENDENT EXPENDITURES OF / 5 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ NAPA COUNTY REPUBLICAN TARTS Check if 24-hour report 48-hour report New report | Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure מ" מ" Category/ Туре Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address **Amount** City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Name of Federal Candidate Office Sought: Shoport House District: Oppo President Senate State: Disbursement For: General Primary Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures...... (b) SUBTOTAL of Unitemized Independent Expenditures ... (c) TOTAL Independent Expenditures..... Under penalty of penjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is het a political party committee) any political party committee or its agent.

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

N BEHALF OF CAND	IDAIES FOR FI	EDERAL OFFI	JE .		PAGE /3 OF /5 .
	(To be used o	only by Political Co	mmittees in the Ge	eneral Election)	FOR LINE 25 OF FORM 3X
NAME OF COMMITTEE (In Full				-	Ling Check if
	NTY REP				24-hour notice
Nas your committee been design coordinated expenditures by a p		3	ubordinate Committe	ee	
YES NO	onsom party committee				
If YES, name the designating co	mmittee:	Mailing Address			
		City		Stat	e ZIP Code
Full Name (Last, First, Midd	e Initial) of Each Paye	ee .		Purpose of Expe	nditure
					Tarras of Page 10 million for the
Mailing Address				\dashv	Category/
Mailing Address	\			Date	Туре
City	St	ate Zip Cod	e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		·		Marana sara	and become
Name of Federal Candidate	Supported Office So	ought: House	State:	Amount	· · · · · · · · · · · · · · · · · · ·
	N	Senate	District:	- Impoplisheridaner in	garan ang managanan panaganan garan ga sa dagar B
		Presidenti	al I	- Lange to a rate of the	manustrum Sin Samuelan a Ton America
Aggregate General Election Expenditure for this Candida	te 🕨				
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Mailing Address		\		-	Category/ Type
				Date	1,700
City		ate Zip Coo	ę .		LARL ARTHUR
Name of Federal Candidate	Supported Office So	ought: House	State:	Amount	
		Senate	District:	- Survey Carolian Callion	ministra materiora. Ter renderiora describer en describer produ
<u> </u>		Presidenti	al		anna de marita anna d
Aggregate General Election Expenditure for this Candida	te ▶				
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Aggregate General Election Expenditure for this Candida	ie >		45		
<u> </u>	•			Samuel and a second and	
SUBTOTAL of Expenditures Th	is Page (optional)	-	•		
TOTAL This Period (last page t	his line number only).				Andrea Control of Control

SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE 14 OF 15

NAME OF COMMITTEE (In Full)

NATA COUNTY REPUBLICAN CENTRAL COMMITTEE

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

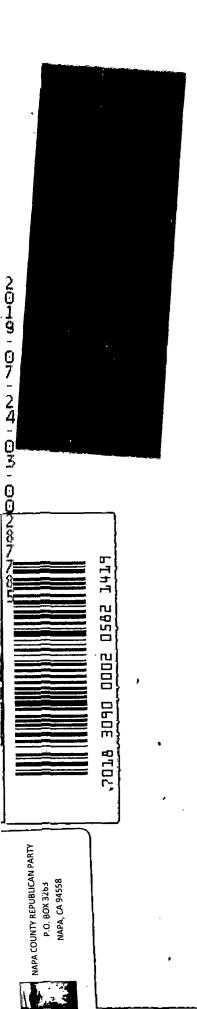
- FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only**: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

are allocated using a time/space method.		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New . Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RANIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	NONFEDERAL %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	FEDERAL %	Nonfederal %

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)

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NAME OF COMMITTEE (In Full)		
NAPA COUNTY REPUBLICAN PARTY		
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 or		
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		



Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 7 / 18/19
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	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):	Receipt or Postmarked
ΣS	7/24/19
PREPARER (3/2015)	DATE PREPARED
•	