FEC FORM 3X

#### 07/20/2018 18 : 15

PAGE 1 / 16

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

				Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
THE IRVINE COM		\С		
ADDRESS (number and stre	et)	DR 		
Check if different than previously reported. (ACC)				92660
2. FEC IDENTIFICATIO		TY 🔺	STATE A	ZIP CODE
C C00131615		IS THIS REPORT X (N) OF		ENDED
4. TYPE OF REPOR (Choose One)	Report Due On:	b 20 (M2) May 20 (M		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		r 20 (M3) Jun 20 (M6		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Rep		Primary (12P)	General (	
July 15 Quarterly Rep October 15	ort (Q2) PRE-Election Report for the:	Convention (12C)	Special (1	
Quarterly Rep January 31 Year-End Rep		on on		in the State of
July 31 Mid-Y Report (Non-e Year Only) (M	Plection (0) SO-Day POST-Election	General (30G)	Runoff (3	0R) Special (30S)
Termination R (TER)		on on		in the State of
5. Covering Period	06 01 / YTYTY 06 01 2018	through 06	M / D D / 30	2018
I certify that I have examin Type or Print Name of Tre	ed this Report and to the best o NIELSEN JR., VIGO G., , asurer	f my knowledge and belief it is	true, correct and	I complete.
Signature of Treasurer	NIELSEN JR., VIGO G., , ,	[Electronically Filed]	Date 07	/ D D / Y Y Y Y 20 2018
NOTE: Submission of false,	erroneous, or incomplete information	on may subject the person signing	g this Report to th	e penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name THE IRVINE COMPANY EMPLOYEES PAC M D D M D 06 01 2018 06 30 2018 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 12991.10 January 1, 2018 (b) Cash on Hand at 11591.10 Beginning of Reporting Period..... 800.00 4800.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 17791.10 12391.10 6(a) and 6(c) for Column B)..... 5403.00 10803.00 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 6988.10 6988.10 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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. 05/2016)

Write or Type Committee Name

# THE IRVINE COMPANY EMPLOYEES PAC

		COLUMN B				
I. Receipts	I. Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:	1					
(a) Individuals/Persons Other						
Than Political Committees	200.00					
(i) Itemized (use Schedule A)	800.00	2000.00				
	0.00	2000.00				
(ii) Unitemized	0.00	2800.00				
(iii) TOTAL (add	800.00	4800.00				
Lines 11(a)(i) and (ii)	800.00	7 7 7				
(h) Political Party Committees	0.00	0.00				
(b) Political Party Committees						
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5)	800.00	4800.00				
. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
. All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account	0.00					
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))	800.00	4800.00				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	800.00	4800.00				

Page 3

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	COLUMN A	Page 4 COLUMN B				
II. Disbursements	Total This Period	Colomin B Calendar Year-to-Date				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share	0.00	0.0				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	3.00	3.0				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	3.00	3.00				
Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	5400.00	10800.00				
Independent Expenditures (use Schedule E)	0.00	0.00				
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees						
	0.00					
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00				
<ul><li>(such as PACs)</li><li>(d) Total Contribution Refunds</li></ul>	0.00	0.00				
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 3010 (a) Allocated Federal Election Activity (from Schedule H6)	(20))					
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5403.00	10803.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5403.00	10002.00				
	0+03.00	10803.00				

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
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#### III. Net Contributions/ Operating Expenditures

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
	(subtract Line 37 from Line 36)

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COLUMN B

Calendar Year-to-Date



#### SCHEDULE A (FEC Form 3X) DECEIDEC ....

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

16

IIEIVIIZEL	RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
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	COMMITTEE (In Full)	PLOYEES F	PAC							
A. BOSLET Mailing Ad City NEWPOR FEC ID nu federal pol Name of E THE IRVIN Receipt Fc	inder of contributing itical committee. Employer (for Individual) IE COMPANY	DRIVE State CA C V.P.	rganization Name Zip Code 92660 upation (for Individual) OF TRANSPORTATION Year-to-Date ▼ 300.00		mount	/ actio	15 on ID : ach R	INCA13	nis Perio	_
B. CASE,	of Individual (Last, First, Middle STEVEN M., , , dress 550 NEWPORT CENTER		rganization Name	][	ate of	1	D D 15	) / Y	2018	Y
federal pol Name of E IRVINE RE Receipt Fo	Imber of contributing itical committee. Employer (for Individual) ALTY COMPANY	EXE	92660 upation (for Individual) CUTIVE SENIOR VICE PRESID Year-to-Date ▼ 600.00	A	mount		ach F	Receipt th	nis Perio	d .00
C. CONLE Mailing Ad City NEWPOR FEC ID nu federal pol Name of E IRVINE CO Receipt Fo	Imber of contributing itical committee. Imployer (for Individual) DMMUNITY DEVELOPMENT CO	DRIVE State CA C MPANY, Occu SEN	rganization Name Zip Code 92660 upation (for Individual) IOR VICE PRESIDENT, COMMU Year-to-Date ▼ 300.00	A	mount	/ sactio	15 on ID : ach F		nis Perio	
SUBTOTAL	of Receipts This Page (optional)	)							100	.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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16

				Detailed Summary Page		_	11a		11b		11c		12	<u> </u>
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	for commercial purposes, other than using the n													
$\left[ \right]$	NAME OF COMMITTEE (In Full)			_										
	THE IRVINE COMPANY EMPLC													
Δ.	Full Name of Individual (Last, First, Middle Initia DAVIS, JEFFREY D., , ,	l) or Full (	Orga	nization Name		Da	ate of	Re	ceipt					
	Mailing Address 550 NEWPORT CENTER DRIV	E				_	M M	/	D	D	/ Y	Y	Y	Y
	<u></u>	State		Zip Code	_	Ļ	06		1	-		201	18	
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	Other (specify) ▼			300.00										
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C.	Full Name of Individual (Last, First, Middle Initia HEDIGAN, DANIEL C., , ,	l) or Full (	Orga	nization Name		Da	ate of	Re	ceipt					
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16

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FEC Schedule A (Form 3X) Rev. 06/2016

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NAME OF COMMITTEE (In Full) THE IRVINE COMPANY EN	/IPLOYEES F	PAC												
Full Name of Individual (Last, First, Midd MARSH, CHRIS, , ,	lle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 550 NEWPORT CENTER	R DRIVE			06 15 2018										
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Name of Employer (for Individual) THE IRVINE COMPANY		upation (for Individual) IIOR V.P., DEVELOPMENT		Me	emo	Item								
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Name of Employer (for Individual) THE IRVINE COMPANY		upation (for Individual) VICE PRESIDENT		Me	emo	Item								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
				13     14     15     16     17       person for the purpose of soliciting contributions     from such committee.									
	NAME OF COMMITTEE (In Full) THE IRVINE COMPANY EMP												
A.	Full Name of Individual (Last, First, Middle In SCHUMACHER, STEVE, , , Mailing Address 550 NEWPORT CENTER D		rganization Name	Date of Receipt									
	City	State	Zip Code	06 15 2018									
	NEWPORT BEACH	CA	92660	Transaction ID : INCA13418           Amount of Each Receipt this Period									
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	Other (specify) ▼		300.00	]									
B.	Full Name of Individual (Last, First, Middle In WANDROCKE, RICK, , ,		rganization Name	Date of Receipt									
	Mailing Address 550 NEWPORT CENTER DI			06 / 15 / 2018									
	City NEWPORT BEACH	State CA	Zip Code 92660	Transaction ID : INCA13421 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) IRVINE REALTY COMPANY		upation (for Individual) ., LEASING	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]									
С.	Full Name of Individual (Last, First, Middle In BOSLET, JOHN F., , ,	nitial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 550 NEWPORT CENTER D	RIVE		06 29 2018									
	City NEWPORT BEACH	State CA	Zip Code 92660	Transaction ID : INCA13435 Amount of Each Receipt this Period									
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TOTAL This Period (last page this line number only)......

FEC Schedule A (Form 3X) Rev. 06/2016

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	for commercial purposes, other than using the												
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) THE IRVINE COMPANY EMPLO		Þ۸	C									
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ь.	Mailing Address 550 NEWPORT CENTER DRIV	/F			_	_				/ Y	Y	Y	Y
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	Primary General												
	Other (specify)		,	300.00									
	Full Name of Individual (Last, First, Middle Initi DAVIS, JEFFREY D., , ,	al) or Full O	Drgar	nization Name		П	ate of	Re	ceint				
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	City NEWPORT BEACH	State CA		Zip Code 92660						INCA13		) e vi e el	
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	federal political committee.	C				Ļ	-	_	y	j j	_	25.0	0
	Name of Employer (for Individual)		•	ion (for Individual)		Į,	Me	emo	Item				
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	for commercial purposes, other than using the											
$\setminus$	NAME OF COMMITTEE (In Full)											
	THE IRVINE COMPANY EMPL	JYEES F										
Α.	Full Name of Individual (Last, First, Middle Init ENGELLAND, BRAD, , ,	ial) or Full Or	ganization Name		Dat	a of	R	eceipt				
	Mailing Address 550 NEWPORT CENTER DRI	VE				M				Y	Y	Y
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		State CA	Zip Code 92660						INCA13			
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	Name of Employer (for Individual)	Occu	pation (for Individual)			Me	əmo	b Item				
	THE IRVINE COMPANY	V.P.	RESIDENTIAL ARCHITECTUR	≡								
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		300.00	11								
в.	Full Name of Individual (Last, First, Middle Init HEDIGAN, DANIEL C., , ,	ial) or Full Or	ganization Name		Date	e of	Re	eceipt				
	Mailing Address 550 NEWPORT CENTER DRI	VE				™ 06	1	29	) / Y	Y 2(	018	Y
	City	State	Zip Code		Tra	ans	act	ion ID :	INCA134	132		
	NEWPORT BEACH	CA	92660		Amo	ount	of	Each R	Receipt th	nis F	<sup>v</sup> eriod	
	FEC ID number of contributing federal political committee.	С						-yr- 1		_	25.0	00
	Name of Employer (for Individual) IRVINE COMMUNITY DEVELOPMENT COMPA	NDZ	ipation (for Individual) IIOR VICE PRESIDENT			Me	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General			11.								
	Other (specify) <b>v</b>		, 300.00	4								
с.	Full Name of Individual (Last, First, Middle Init HERNANDEZ, PAUL, , ,	ial) or Full Or	ganization Name		Date	e of	Re	eceipt				
	Mailing Address 550 NEWPORT CENTER DRI	VE				06	/	D 29	) / Y		018	Y
	City	State	Zip Code		Tr	ans	act	ion ID :	INCA13	442		
	NEWPORT BEACH	CA	92660		Amo	ount	of	Each F	Receipt th	nis F	<sup>•</sup> eriod	
	FEC ID number of contributing federal political committee.	С				_		y .	, , , , , , , , , , , , , , , , , , ,	_	25.0	00
	Name of Employer (for Individual) THE IRVINE COMPANY		pation (for Individual) POLITICAL AFFAIRS			M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				9	. ,	-	75.0	)0

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••			Detailed Summary Page		_	L	11b	11c		12	
	ny information copied from such Reports and S for commercial purposes, other than using the										
or	NAME OF COMMITTEE (In Full)	name and a	doress of any political committee		DIICIT CO	ntr	ibutions i	rom sucr		mmitte	ee.
$\left \right\rangle$	THE IRVINE COMPANY EMPL	OYEES F	PAC								
Α.	Full Name of Individual (Last, First, Middle Init LANG, ROBERT, , ,	tial) or Full O	ganization Name		Date o	of F	leceipt				
	Mailing Address 550 NEWPORT CENTER DR	IVE			06		/ D D 29	) / Y	Y 2(	018	Y
	City	State CA	Zip Code		Trans	sac	tion ID :	INCA134	39		
	NEWPORT BEACH	CA	92660	_	Amoun	nt o	f Each F	Receipt th	is P	'eriod	
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	Name of Employer (for Individual)	Occi	pation (for Individual)		N	lem	no Item				
	THE IRVINE COMPANY	SEN	IOR V.P. CAPITOL MARKETS								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		200.00	11							
	Other (specify) ▼		300.00								
в.	Full Name of Individual (Last, First, Middle Init LEY, MARC, , ,	tial) or Full O	ganization Name		Date o	of F	leceipt				
	Mailing Address 550 NEWPORT CENTER DRI	IVE			M 06		/ D D 29	) / Y		)18	Y
	City	State	Zip Code		Trans	sac	tion ID :	INCA134	38		
	NEWPORT BEACH	CA	92660		Amoun	nt o	f Each R	Receipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С					-ap		_	50.0	00
	Name of Employer (for Individual) THE IRVINE COMPANY		upation (for Individual) DUP S.V.P. & CFO		N	lem	no Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General	00 0		11							
	Other (specify) <b>v</b>		, 600.00								
с.	Full Name of Individual (Last, First, Middle Init MARSH, CHRIS, , ,	tial) or Full O	ganization Name		Date o	of F	leceipt				
	Mailing Address 550 NEWPORT CENTER DR	IVE			06		/ D D 29	) / Y		)18 <sup>°</sup>	Y
	City	State	Zip Code		Tran	sac	tion ID :	INCA134	143		
	NEWPORT BEACH	CA	92660		Amoun	nt o	f Each R	Receipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. y	_	25.0	00
	Name of Employer (for Individual) THE IRVINE COMPANY		pation (for Individual) IOR V.P., DEVELOPMENT		N	len	no Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)			•		Ì	y	y	_	100.0	00

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••			Detailed Summary Page		<b>'</b> 11a		11b	11c		12	
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	ny information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) THE IRVINE COMPANY EMPLO	OYEES F	PAC								
<u> </u>	Full Name of Individual (Last, First, Middle Initia MILLER, DANIEL, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt				
	Mailing Address 550 NEWPORT CENTER DRIV	Έ			м м 06	1	29	/ Y			Y
	City	State	Zip Code		Trans	sact	tion ID :	INCA134	441		
	NEWPORT BEACH	CA	92660		Amoun	t of	Each R	eceipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С							_	25.0	00
	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo	o Item				
	THE IRVINE COMPANY	SR.	VICE PRESIDENT								
	Receipt For:	Aggregate `	Year-to-Date ▼								
	Primary General	33 - 3		- L -							
	Other (specify) <b>v</b>		300.00								
В.	Full Name of Individual (Last, First, Middle Initia REICHERT, NICHOLAS, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt				
	Mailing Address 550 NEWPORT CENTER DRIV	E			м м 06	/	D D 29	/ Y			Y
	City	State	Zip Code		Trans	act	ion ID :	INCA134	140		
	NEWPORT BEACH	CA	92660		Amoun	t of	Each R	eceipt th	iis P	'eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>				_	25.0	00
	Name of Employer (for Individual) IRVINE COMMUNITY DEVELOPMENT COMPAN	NZ I	pation (for Individual) , ACCOUNTING		М	emo	o Item				
	Receipt For:	Aggregate `	Year-to-Date 🔻								
	Primary General	00 0		- L -							
	Other (specify) <b>v</b>		, 300.00							ommittee.	
c.	Full Name of Individual (Last, First, Middle Initia SCHUMACHER, STEVE, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt				
	Mailing Address 550 NEWPORT CENTER DRIV	′Ε			06 <sup>M</sup>		D D 29	/ Y			Y
	City	State	Zip Code		Trans	sact	tion ID :	INCA13	433		
	NEWPORT BEACH	CA	92660		Amoun	t of	Each R	eceipt th	is P	'eriod	
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	Name of Employer (for Individual) THE IRVINE COMPANY		pation (for Individual) TECH & CORPORATE COMM	UN	M	lem	o Item				
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FEC Schedule A (Form 3X) Rev. 06/2016

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE IRVINE COMPANY EMPLO	OYEES F	PAC	
Α.	Full Name of Individual (Last, First, Middle Initia WANDROCKE, RICK, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 550 NEWPORT CENTER DRIV			06 / D D / Y Y Y Y 29 2018
	City NEWPORT BEACH	State CA	Zip Code 92660	Transaction ID : INCA13436 Amount of Each Receipt this Period
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
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	Name of Employer (for Individual)	Occ	supation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	
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0.	Mailing Address			
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HEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER:	:			PA	GE	16 OF	= ·			
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y information copied from such Reports and State	ments may	not be sold or use	l d bv :			pur		 of e				ns			
for commercial purposes, other than using the na															
NAME OF COMMITTEE (In Full)															
THE IRVINE COMPANY EMPLO	YEES PA	(C													
Full Name (Last, First, Middle Initial)															
MIMI WALTERS VICTORY FUND	Date of Disbursement														
				M	/	D		/		Y Y	٦.				
Mailing Address 9070 IRVINE CENTER DRIVE, S	UITE 15				06		2	26		_20	18				
City	State	Zip Code			FEC Id	enti	ficatio	n N	umbei	r					
Irvine	CA	92618			_		lioutio								
Purpose of Disbursement			0	11	С	C00	)5646 <sup>°</sup>	74							
Candidate Name			0	<u> </u>					: EXP						
COMMITTEE, JOINT FUNDRAIS	=R.			egory/ /pe	Amoun	t of	⊢ach	Dis	sburse	ment	this Pe	rio			
	ement For:		iy	~~						5	400.00	1			
Senate	Primary	General			_		7		- <del>7</del>	_	- 19 C				
President	Other (spec	cify) 🔻			Me	mo	Item								
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run Name (Last, First, Middle Initial)					Date of	f Dis	sburse	eme	nt						
					M M / D D / Y Y Y Y										
Mailing Address							L		I L			1			
City	State	Zip Code			FEC Identification Number										
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Candidate Name		Category/					Amount of Each Disbursement this Period								
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	ement For:														
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Office Sought: House Disburse	ement For:		,				- ·		_		-	j.			
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