

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

12FE4M5

KATCHO FOR CONGRESS

ADDRESS (number and street) 2150 RIVER PLAZA DR. #150

Check if different than previously reported. (ACC)

SACRAMENTO

CA

95833

2. FEC IDENTIFICATION NUMBER

C C00575886

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

CA

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY

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 David Bauer

Signature of Treasurer David Bauer

[Electronically Filed]

Date

MM/DD/YYYY 08/27/2015

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

Table with 7 columns and 1 row for Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**KATCHO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	94054.52	94054.52
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	94054.52	94054.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9303.72	9303.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9303.72	9303.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	114750.80	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	32389.48	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**KATCHO FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81873.00	81873.00
(ii) Unitemized.....	5033.52	5033.52
(iii) TOTAL of contributions from individuals ▶	86906.52	86906.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7148.00	7148.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94054.52	94054.52
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	30000.00	30000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	30000.00	30000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	124054.52	124054.52

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9303.72	9303.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9303.72	9303.72

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	124054.52
25. SUBTOTAL (add Line 23 and Line 24).....	124054.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9303.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	114750.80

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

Sch. A line 11(a)(i) transaction had incorrectly coded election cycle

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HRATCH ACHADJIAN**

Mailing Address 203 PATRICIA CT.

City State Zip Code  
SAN LUIS OBISPO CA 93405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GOOGLE SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
584.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2015

**Transaction ID : NONA17**

Amount of Each Receipt this Period  
400.00  
INTERNET HOSTING

**B.** Full Name (Last, First, Middle Initial)  
**Clyde & Teresa Cruise**

Mailing Address 668 January St

City State Zip Code  
Nipomo CA 93444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2015

**Transaction ID : INCA6**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL MOATS**

Mailing Address 525 E. PLAZA DR. #200

City State Zip Code  
SANTA MARIA CA 93455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2015

**Transaction ID : INCA18**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHRIS DARWAY**

Mailing Address 1568 BADGER CANYON LN.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2015

**Transaction ID : INCA30**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**BROOKS FIRESTONE**

Mailing Address 619 RANCHO ALISAL DR.

City State Zip Code  
SOLVANG CA 93463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2015

**Transaction ID : INCA28**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**BROOKS FIRESTONE**

Mailing Address 619 RANCHO ALISAL DR.

City State Zip Code  
SOLVANG CA 93463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2015

**Transaction ID : INCA27**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS LEPLEY**

Mailing Address **P. O. BOX 40**

City **LOS OLIVOS** State **CA** Zip Code **93441**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BERKSHIRE HATHAWAY REAL ESTATE** Occupation **REALTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 17 / 2015**

**Transaction ID : INCA29**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kathleen Maas**

Mailing Address **PO Box 5120**

City **Paso Robles** State **CA** Zip Code **93447**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Pear Valley Vineyard** Occupation **vineyard/winery owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2015**

**Transaction ID : INCA22**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CATHERINE BAKER**

Mailing Address **5696 MAYMONT LN.**

City **DUBLIN** State **CA** Zip Code **94568**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ST. OF CALIF.** Occupation **ASSEMBLYWOMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : INCA49**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE BROCATO**

Mailing Address 88 COUNTRY CLUB DR.

City San Luis Obispo State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer NOT EMPLOYED Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : INCA43**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**JEANNIE FULLER**

Mailing Address 6218 DE LA GUERRA TER.

City BAKERSFIELD State CA Zip Code 93300

FEC ID number of contributing federal political committee. **C**

Name of Employer ST. OF CALIF. Occupation STATE SENATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : INCA48**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**charles hebard**

Mailing Address 2870 halcyon rd. s.

City arroyo grande State CA Zip Code 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer arroyo grande chevrolet Occupation sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : INCA40**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LAURIE KING-ROSSI**

Mailing Address 7500 PISMO ST.

City State Zip Code  
SAN LUIS OBISPO CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : INCA46**

Amount of Each Receipt this Period  
 1250.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBIN ROSSI**

Mailing Address 750 PISMO ST.

City State Zip Code  
SAN LUIS OBISPO CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ARCHITECT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : INCA47**

Amount of Each Receipt this Period  
 1250.00

**C.** Full Name (Last, First, Middle Initial)  
**BETSEY KELTON**

Mailing Address 1710 CONDADO VISTA CT.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAN LUIS AMBULANCE PRES.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2015

**Transaction ID : INCA60**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK KELTON**

Mailing Address 1710 CONDADO VISTA COURT

City Arroyo Grande State CA Zip Code 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAN LUIS AMBULANCE PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2015

**Transaction ID : INCA59**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jim Sloan**

Mailing Address 4202 Llano Ave

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self employed Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2015

**Transaction ID : INCA57**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**HRATCH ACHADJIAN**

Mailing Address 203 PATRICIA CT.

City SAN LUIS OBISPO State CA Zip Code 93405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GOOGLE SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
584.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2015

**Transaction ID : NONA58**

Amount of Each Receipt this Period  
54.00  
BROADCAST E-MAIL

**SUBTOTAL** of Receipts This Page (optional).....

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

5254.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM SENNA**

Mailing Address 1404 E. GRAND AVE.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SENNA'S INSURANCE SVC. INSURANCE BROKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : INCA65**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**CINDY WITTSTROM**

Mailing Address 31 WELLSONG RD.

City State Zip Code  
Paso Robles CA 93446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : INCA67**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**KARL WITTSTROM**

Mailing Address P. O. BOX 1655

City State Zip Code  
PASO ROBLES CA 93447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2015

**Transaction ID : INCA66**

Amount of Each Receipt this Period  
2700.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Larry W Austin**

Mailing Address 636 Airpark

City State Zip Code  
Oceano CA 93445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SLO Co. Sheriff Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : INCA64**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Linda M Austin**

Mailing Address 636 Airpark

City State Zip Code  
Oceano CA 93445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Guiton Realty Realtor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : INCA62**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN HAYASHI**

Mailing Address 2626 SEVADA LN.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

**Transaction ID : INCA70**

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KATHLEEN FILIPPONI**

Mailing Address 3120 CALF CANYON HWY

City State Zip Code  
CRESTON CA 93432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : INCA86**

Amount of Each Receipt this Period  
**800.00**

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN FILIPPONI**

Mailing Address 3120 CALF CANYON HWY

City State Zip Code  
CRESTON CA 93432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF RANCHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : INCA85**

Amount of Each Receipt this Period  
**2700.00**

**C.** Full Name (Last, First, Middle Initial)  
**JONI GRAY**

Mailing Address 853 VIA ESERALDA

City State Zip Code  
SANTA MARIA CA 93455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LAW OFFICE OF JONI GRAY ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : INCA77**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3800.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN HOLLISTER**

Mailing Address 751 BEAR CANYON LN.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NKS COMMERCIAL EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : INCA84**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FRANK JAMESON**

Mailing Address P. O. BOX 80368

City State Zip Code  
SAN MARINO CA 91118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : INCA88**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**SALLY JORDAN**

Mailing Address 1482 E. VALLEY RD. #252

City State Zip Code  
SANTA BARBARA CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2015

**Transaction ID : INCA87**

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NOREEN MARTIN-HULBURD**

Mailing Address 2171 SHORELINE DR.

City State Zip Code  
SHELL BEACH CA 93448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MARTIN RESORTS EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : INCA80**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN PEPE**

Mailing Address 4777 HIGHWAY 246

City State Zip Code  
LOMPOC CA 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CLOS PEPE VINEYARDS FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : INCA74**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**DONN TOGNAZZINI**

Mailing Address P. O. BOX 599

City State Zip Code  
LOS OLIVOS CA 93441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

**Transaction ID : INCA89**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RUSSELL BIK**

Mailing Address 1939 CORBETT HIGHLANDS PL.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA98**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SARA CRESS**

Mailing Address 2134 SANTA YNEZ

City State Zip Code  
SAN LUIS OBISPO CA 93405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SAN LUIS OBISPO COUNTY ADMINISTRATION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA96**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**EDWARD DE LEONARDIS**

Mailing Address 432 EMERALD BAY DR.

City State Zip Code  
Arroyo Grande CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
COAST RADIOLOGY PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA92**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARJORIE HAMON**

Mailing Address 41 TERRACE HILL DR.

City PASO ROBLES State CA Zip Code 93446

FEC ID number of contributing federal political committee. **C**

Name of Employer HAMON OVERHEAD DOOR Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA93**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRIS HULBURD**

Mailing Address 2171 SHORELINE DR.

City SHELL BEACH State CA Zip Code 93448

FEC ID number of contributing federal political committee. **C**

Name of Employer CHRISTOPHER HULBURD, MD Occupation DOCTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : NONA135**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1550.00

FUNDRAISING EXPENSES

**C.** Full Name (Last, First, Middle Initial)  
**Kent Kauss**

Mailing Address 1200 Cedarbrook Way

City Sacramento State CA Zip Code 95831

FEC ID number of contributing federal political committee. **C**

Name of Employer Pacific Gas and Electric Company Occupation Senior Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA103**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 2100.00

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL KIESSIG**

Mailing Address 1360 S. BETHEL RD.

City State Zip Code  
TEMPLETON CA 93465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA94**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NOREEN MARTIN-HULBURD**

Mailing Address 2171 SHORELINE DR.

City State Zip Code  
SHELL BEACH CA 93448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MARTIN RESORTS EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : NONA134**

Amount of Each Receipt this Period  
 2700.00  
 FUNDRAISING EXPENSES

**C.** Full Name (Last, First, Middle Initial)  
**CHAD MAYES**

Mailing Address P. O. BOX 188

City State Zip Code  
YUCCA VALLEY CA 92286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ST. OF CALIF. ASSEMBLYMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA104**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRIDGET READY**

Mailing Address 4816 BRIDGE CREEK RD.

City State Zip Code  
SAN LUIS OBISPO CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA99**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT SCHIEBELHUT**

Mailing Address 6235 ORCUTT RD.

City State Zip Code  
SAN LUIS OBISPO CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TOLUSA WINERY VINTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA95**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH VOLK III**

Mailing Address 281 BROAD ST.

City State Zip Code  
SAN LUIS OBISPO CA 93405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AQUA PUMPKIN OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

**Transaction ID : INCA97**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>David Hadley</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2015
Mailing Address 558 31st Street		<b>Transaction ID : INCA108</b>
City Manhattan Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer California State Assembly	Occupation State Assemblyman	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>john shirikian</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2015
Mailing Address 25196 via veracruz		<b>Transaction ID : INCA106</b>
City laguna niguel	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer pacific life	Occupation manager	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM EMMERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2015
Mailing Address 35 MEADOWBROOK LN.		<b>Transaction ID : INCA111</b>
City REDLANDS	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CALIF.HOSPITAL ASSOC.	Occupation VICE PRES.	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GEORGIA JENKINS-WENGER**

Mailing Address 3215 I ST.

City State Zip Code  
SACRAMENTO CA 95816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CALIF. HOSPITAL ASSOC. LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : INCA110**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MATTHEW MORETTI**

Mailing Address 5533 SPILMAN AVE.

City State Zip Code  
SACRAMENTO CA 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AT&T LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : INCA109**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**SCOTT BRITTINGHAM**

Mailing Address 1482 E. VALLEY RD. #703

City State Zip Code  
SANTA BARBARA CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BRITTINGHAM FAMILY FDTN. PRES.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2015

**Transaction ID : INCA116**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STACY BROMLEY**

Mailing Address 214 WHITELEY ST.

City State Zip Code  
ARROYO GRANDE CA 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STONECREEK COASTAL DEVELOPMENT PRES.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA112**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Grossman**

Mailing Address 330 James Way, Ste 270

City State Zip Code  
Pismo Beach CA 93449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Coastal Community Builders, Inc. Developer/Builder

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA121**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**PETER KEITH**

Mailing Address 865 CHARLES

City State Zip Code  
GROVER BEACH CA 93495

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CENTURY PROPERTIES REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA119**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS LOPER**

Mailing Address 1215 K ST. #1500

City State Zip Code  
SACRAMENTO CA 95814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CAPITOL STRATEGIES GROUP CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA115**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD LOUGHEAD JR.**

Mailing Address 185 NAOMI

City State Zip Code  
Shell Beach CA 93448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DOLPHIN BAY BUSINESS OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA117**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**LINDA REITNER**

Mailing Address 216 INDIO DR.

City State Zip Code  
Pismo Beach CA 93449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NOT EMPLOYED NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA118**

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional).....

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

4850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ELAINE TAYLOR**

Mailing Address 1013 KATRINA CT.

City NIPOMO State CA Zip Code 93444

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA120**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**NICK TOMPKINS**

Mailing Address 684 HIGUERA #B

City SAN LUIS OBISPO State CA Zip Code 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF - NICK TOMPKINS Occupation INVESTOR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2015

**Transaction ID : INCA113**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DAN SECORR**

Mailing Address 3335 CLIFF DR.

City SANTA BARBARA State CA Zip Code 95109

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2015

**Transaction ID : NONA126**

Amount of Each Receipt this Period  
 1390.00  
**FUNDRAISING EVENT**

**SUBTOTAL** of Receipts This Page (optional).....

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

2640.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Andrea Noteware**

Mailing Address 1044 Rio Cidade Way

City Sacramento State CA Zip Code 95831

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2015

**Transaction ID : INCA123**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**JACQUELINE BELOTE**

Mailing Address 4525 MONTE SERENO DR.

City LOOMIS State CA Zip Code 95650

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA191**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATALIE CARDENAS**

Mailing Address 2776 MARTY WAY

City SACRAMENTO State CA Zip Code 95818

FEC ID number of contributing federal political committee. **C**

Name of Employer UCB Occupation GOV'T RELATIONS

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA162**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Duncan**

Mailing Address 4015 Bajada Lane

City Santa Barbara State CA Zip Code 93110

FEC ID number of contributing federal political committee. **C**

Name of Employer Merrill Lynch Occupation Financial Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA137**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**DALE HAMPTON**

Mailing Address 2529 PROFESSIONAL PKWY #B

City SANTA MARIA State CA Zip Code 93455

FEC ID number of contributing federal political committee. **C**

Name of Employer HAMPTON FARMING CO., INC. Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA128**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**linda keating**

Mailing Address 313 myrtle dr

City arroyo grande State CA Zip Code 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA125**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DIANE KEEP**

Mailing Address 5240 AUSTIN RD.

City State Zip Code  
SANTA BARBARA CA 93111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ARCHITECT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA190**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**JOHN SHERLOCK**

Mailing Address 1870 CUMBER RD.

City State Zip Code  
PASO ROBLES CA 93446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MACLER PROPERTIES REAL ESTATE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA131**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**LAURA SHERLOCK**

Mailing Address 1870 CUMBRE RD.

City State Zip Code  
PASO ROBLES CA 93446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA129**

Amount of Each Receipt this Period  
 2700.00

**SUBTOTAL** of Receipts This Page (optional).....

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

5700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Marie Waldron**

Mailing Address 1525 North Elm Street

City Escondido State CA Zip Code 92026

FEC ID number of contributing federal political committee. **C**

Name of Employer State of California Occupation Legislator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA139**

Amount of Each Receipt this Period  
 999.00

**B.** Full Name (Last, First, Middle Initial)  
**HRATCH ACHADJIAN**

Mailing Address 203 PATRICIA CT.

City SAN LUIS OBISPO State CA Zip Code 93405

FEC ID number of contributing federal political committee. **C**

Name of Employer GOOGLE Occupation SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : NONA155**

Amount of Each Receipt this Period  
 130.00  
 WEB HOSTING

**C.** Full Name (Last, First, Middle Initial)  
**SAHAG BAGHDASSARIAN**

Mailing Address 222 MONTEREY RD. #506

City GLENDALE State CA Zip Code 91206

FEC ID number of contributing federal political committee. **C**

Name of Employer EYE CARE CENTER Occupation DOCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA146**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

1629.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HELENE BEAVER**

Mailing Address P. O. BOX 1230

City State Zip Code  
SANTA BARBARA CA 93102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA195**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**CHERYL BEDFORD**

Mailing Address 1300 NORTH H ST.

City State Zip Code  
Lompoc CA 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-SUNSET AUTO CENTER EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA148**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**KIRBY GORDON**

Mailing Address 760 MATTIE RD. #A1

City State Zip Code  
PISMO BEACH CA 93449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA196**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

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

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SHANNON GROVE**

Mailing Address 6719 STAFFORD FALLS DR.

City BAKERSFIELD State CA Zip Code 93312

FEC ID number of contributing federal political committee. **C**

Name of Employer ST. OF CALIF. Occupation LEGISLATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA187**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**OPHELIA HAVUNJIAN**

Mailing Address 4874 GLENCAIRN RD.

City LOS ANGELES State CA Zip Code 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA145**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**ALICE PETROSSIAN**

Mailing Address 1547 GOLF CLUB DR.

City GLENDALE State CA Zip Code 91026

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA144**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CRAIG SWAIM**

Mailing Address 1305 39TH ST.

City Sacramento State CA Zip Code 95816

FEC ID number of contributing federal political committee. **C**

Name of Employer BAYER Occupation LOBBYIST

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA156**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**RALPH TUFENKIAN**

Mailing Address 1465 SUNSHINE DR.

City GLENDALE State CA Zip Code 91208

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation NOT EMPLOYED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA143**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**DONALD WALTER**

Mailing Address P. O. BOX 809

City SAN LUIS OBISPO State CA Zip Code 93406

FEC ID number of contributing federal political committee. **C**

Name of Employer WALTER BROS. CONSTRUCTION Occupation CONSTRUCTION

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA197**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

2750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Aghob wartanian**

Mailing Address 491 garden st

City Arroyo Grande State CA Zip Code 93420

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation self employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA173**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

300.00

81873.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A. Full Name (Last, First, Middle Initial)**  
**FRIENDS OF FRANK BIGELOW FOR ASSEMBLY 2016**

Mailing Address 9321 SILVERBEND LN.

City	State	Zip Code
ELK GROVE	CA	95624

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA13**

Amount of Each Receipt this Period

**B. Full Name (Last, First, Middle Initial)**  
**BRIAN DAHLE FOR ASSEMBLY 2016**

Mailing Address P. O. BOX 984

City	State	Zip Code
WILLOWS	CA	95988

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA75**

Amount of Each Receipt this Period

**C. Full Name (Last, First, Middle Initial)**  
**WILK FOR ASSEMBLY 2016**

Mailing Address 7185 NAVAJO RD. #P

City	State	Zip Code
SAN DIEGO	CA	92119

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA114**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA13

Funds from allowable sources

Form/Schedule: SA11C

Transaction ID: INCA75

FUNDS FROM PERMISSIBLE SOURCES

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA114

FUNDS FROM PERMISSIBLE SOURCES

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MELISSA MELENDEZ FOR ASSEMBLY**

Mailing Address 9321 SILVERBEND LN.

City State Zip Code  
ELK GROVE CA 95624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA127**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ROGER ACEVES FOR GOLETA CITY COUNCIL**

Mailing Address P. O. BOX 963

City State Zip Code  
GOLETA CA 93116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

**Transaction ID : INCA189**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL PAC**

Mailing Address 1111 14TH ST. NW. #1100

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : INCA208**

Amount of Each Receipt this Period  
 2000.00

**SUBTOTAL** of Receipts This Page (optional).....

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

3250.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA127

FUNDS FROM PERMISSIBLE SOURCES

Form/Schedule: SA11C

Transaction ID: INCA189

FUNDS FROM PERMISSIBLE SOURCES

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 54  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**OLSEN FOR ASSEMBLY 2014**

Mailing Address P. O. BOX 4182

City State Zip Code  
MODESTO CA 95352

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA157**

Amount of Each Receipt this Period

**B.** Full Name (Last, First, Middle Initial)  
**SAN LUIS OBISPO COUNTY WINE COMMUNITY PAC**

Mailing Address 1263 RICK RD.

City State Zip Code  
SANTA MARIA CA 95814

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : INCA147**

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN LOHR**

Mailing Address 1000 LENZEN AVE.

City State Zip Code  
SAN JOSE CA 95126

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
J LOHR VINEYARD & WINES FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : IDTA1**

Amount of Each Receipt this Period

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : INCA157

FUNDS FROM PERMISSIBLE SOURCES

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 54  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DANA MERRILL**

Mailing Address 110 GIBSON RD.

City State Zip Code  
TEMPLETON CA 93465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MESA VINEYARD MANAGER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : IDTA2**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

0.00

7148.00



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA13A

Transaction ID : PAYA159

LOAN OF PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HRATCH ACHADJIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2015	
Mailing Address 203 PATRICIA CT.			Amount of Each Disbursement this Period 400.00	
City SAN LUIS OBISPO	State CA	Zip Code 93405	Transaction ID : NONB17	
Purpose of Disbursement INTERNET HOSTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. EFUNDRAISING CONNECTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 7.00	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB11	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING CONNECTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2015	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 86.50	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB12	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	493.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. DELUXE CHECK PRINTING</b>		M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address P. O. BOX 1186		Amount of Each Disbursement this Period
City LANCASTER State CA Zip Code 93584		251.14
Purpose of Disbursement SUPPLIES		Transaction ID : EXPB31
Candidate Name		Category/Type 001
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. EFUNDRAISING CONNECTIONS</b>		M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period
City Sacramento State CA Zip Code 95816		83.25
Purpose of Disbursement MERCHANT FEE		Transaction ID : EXPB34
Candidate Name		Category/Type 001
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. EFUNDRAISING CONNECTIONS</b>		M M / D D / Y Y Y Y 05 / 27 / 2015
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period
City Sacramento State CA Zip Code 95816		7.00
Purpose of Disbursement MERCHANT FEE		Transaction ID : EXPB55
Candidate Name		Category/Type 001
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 54		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVID BAUER</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 2150 RIVER PLAZA DR. #150		Amount of Each Disbursement this Period 300.00
City Sacramento State CA Zip Code 95833	Purpose of Disbursement ACCOUNTING SVC. Category/Type 001	
Candidate Name		Transaction ID : EXPB50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MERIDIAN PACIFIC, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 925 UNIVERSITY AVE.		Amount of Each Disbursement this Period 951.39
City SACRAMENTO State CA Zip Code 95825	Purpose of Disbursement SIGNS Category/Type 004	
Candidate Name		Transaction ID : EXPB51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SLOCO DATA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 1635 W. GRAND AVE. #A		Amount of Each Disbursement this Period 588.60
City GROVER BEACH State CA Zip Code 93433	Purpose of Disbursement SUPPLIES Category/Type 001	
Candidate Name		Transaction ID : EXPB52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1839.99
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EFUNDRAISING CONNECTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 158.00	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB68	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. HRATCH ACHADJIAN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015	
Mailing Address 203 PATRICIA CT.			Amount of Each Disbursement this Period 54.00	
City SAN LUIS OBISPO	State CA	Zip Code 93405	Transaction ID : NONB58	
Purpose of Disbursement BROADCAST E-MAIL		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING CONNECTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015	
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period 183.00	
City Sacramento	State CA	Zip Code 95816	Transaction ID : EXPB69	
Purpose of Disbursement MERCHANT FEE		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	395.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 54		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. EFUNDRAISING CONNECTIONS**

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 10 / 2015

Amount of Each Disbursement this Period  
98.50

Transaction ID : EXPB71

Category/Type  
001

Full Name (Last, First, Middle Initial)

**B. EFUNDRAISING CONNECTIONS**

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 22 / 2015

Amount of Each Disbursement this Period  
20.00

Transaction ID : EXPB152

Category/Type  
001

Full Name (Last, First, Middle Initial)

**C. EFUNDRAISING CONNECTIONS**

Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 22 / 2015

Amount of Each Disbursement this Period  
0.57

Transaction ID : EXPB151

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional)..... 119.07

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 54		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHRIS HULBURD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 2171 SHORELINE DR.		Amount of Each Disbursement this Period 1550.00
City SHELL BEACH	State CA	
Zip Code 93448	Purpose of Disbursement FUNDRAISING EXPENSES	Transaction ID : NONB135
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NOREEN MARTIN-HULBURD</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 2171 SHORELINE DR.		Amount of Each Disbursement this Period 2700.00
City SHELL BEACH	State CA	
Zip Code 93448	Purpose of Disbursement FUNDRAISING EXPENSES	Transaction ID : NONB134
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EFUNDRAISING CONNECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 2131 CAPITOL AVE. #306		Amount of Each Disbursement this Period 16.75
City Sacramento	State CA	
Zip Code 95816	Purpose of Disbursement MERCHANT FEE	Transaction ID : EXPB153
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4266.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

**A. EFUNDRAISING CONNECTIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 2131 CAPITOL AVE. #306

City Sacramento State CA Zip Code 95816

Purpose of Disbursement  
MERCHANT FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 26 / 2015

Amount of Each Disbursement this Period  
16.75

Transaction ID : EXPB154

Category/Type  
001

**B. DAN SECORR**

Full Name (Last, First, Middle Initial)  
Mailing Address 3335 CLIFF DR.

City SANTA BARBARA State CA Zip Code 95109

Purpose of Disbursement  
FUNDRAISING EVENT

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 27 / 2015

Amount of Each Disbursement this Period  
1390.00

Transaction ID : NONB126

Category/Type

**C. HRATCH ACHADJIAN**

Full Name (Last, First, Middle Initial)  
Mailing Address 203 PATRICIA CT.

City SAN LUIS OBISPO State CA Zip Code 93405

Purpose of Disbursement  
WEB HOSTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 30 / 2015

Amount of Each Disbursement this Period  
130.00

Transaction ID : NONB155

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 1536.75

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 54		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KATCHO FOR CONGRESS**

Full Name (Last, First, Middle Initial)			Date of Disbursement		
<b>A. EFUNDRAISING CONNECTIONS</b>			M M / D D / Y Y Y Y 06 / 30 / 2015		
Mailing Address 2131 CAPITOL AVE. #306			Amount of Each Disbursement this Period		
City Sacramento State CA Zip Code 95816		Purpose of Disbursement MERCHANT FEE	49.75		
Candidate Name			Transaction ID : EXPB199		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type		
State: District:			001		

Full Name (Last, First, Middle Initial)			Date of Disbursement		
<b>B.</b>			M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City State Zip Code		Purpose of Disbursement	Category/Type		
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:			

Full Name (Last, First, Middle Initial)			Date of Disbursement		
<b>C.</b>			M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City State Zip Code		Purpose of Disbursement	Category/Type		
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	49.75
<b>TOTAL</b> This Period (last page this line number only).....	9042.20

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **KATCHO FOR CONGRESS** Transaction ID : **PAYC159**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>KHATCHIK ACHADJIAN</b>	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 222 GRAND AVE.	

City	State	ZIP Code
ARROYO GRANDE	CA	93420

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2015	06/30/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	30000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : PAYC159

LOAN OF PERSONAL FUNDS

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**KATCHO FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**AMERICANSTAR TRAILWAYS**

Mailing Address 897 OAK PARK BLVD. #204

City State Zip Code  
 PISMO BEACH CA 93449

Nature of Debt (Purpose):  
**BUS CHARTER**

Outstanding Balance Beginning This Period **Transaction ID : PAYD161**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**ROSS BUCKLEY**

Mailing Address 1209 P ST. APT. 4

City State Zip Code  
 Sacramento CA 95814

Nature of Debt (Purpose):  
**FUNDRAISING EVENT**

Outstanding Balance Beginning This Period **Transaction ID : PAYD160**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**MERIDIAN PACIFIC, INC.**

Mailing Address 925 UNIVERSITY AVE.

City State Zip Code  
 SACRAMENTO CA 95825

Nature of Debt (Purpose):  
**LODGING, CATERING, MAILING LIST**

Outstanding Balance Beginning This Period **Transaction ID : PAYD181**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

<b>1) SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2389.48"/>
<b>2) TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="2389.48"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="30000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="32389.48"/>