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2.	FEC ID	ENTIFICAT	TION NUME	Ber 🔻					STATE 🛦	z	IP CODE	•
	с <i>С</i>	045	565°	1	. –	3. IS THIS REPORT	- <i>V</i>	NEW (N) OR	AI (A	MENDED)		
4.	TYPE (Choose	OF REPC)RT	•	nthly cort e On:	Feb 20 (M2)))	May 20 (M5)	Aug	20 (M8)	(Ne Yes	ov 20 (M11) on-Election ar Only)
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SCHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE OF							
ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	11a 11b 11c 12					
			13 14 15 16 17					
Any information copied from such Reports and S	itatements ma	y not be sold or used by any pe	rson for the purpose of soliciting contributions					
or for commercial purposes, other than using the	name and a	coress of any political committee	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)			ł					
V NAPA COUNTY ZE	PUBL	ICAN PAETY						
Full Name (Last, First, Middle Initial)								
A			Date of Receipt					
Mailing Address			Amount of Each Receipt this Period					
City	State	Zip Code						
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FEC ID number of contributing	A BLIT ATL INCO	<ร้าภษ.ในระเรียมสร้างหนึ่งของใน 						
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Name of Employer	Occupation							
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Other (specify)	an and presenting	Son Augentin Sandar Sandar						
Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·						
B.			Date of Receipt					
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City	State	Zip Code						
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or for commercial purposes, other than using the nam	e and address of any politic	cal com	mitte	90 to :	solicit cor	ntrib	utions	from	such a	immo	tee.	
NAME OF COMMITTEE (In Full)												
Full Name (Last, First, Middle Initial)	PUBLICAN	<u>_</u>	A	27	<u>Y</u>							
A. Full Name (Last, First, Middle Initial)				T	Date of	Die	buree	ment				
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	Primary General											
State: District:	Other (specify) 🔻											
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	state Zip Code											
Purpose of Disbursement		- 20-40 MA	es pes		Amount	t of	Fach	Diebur	tomo	nt thic	Pariod	
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Office Sought: House Disbursen	nent For: Primary 🦳 General											
President	Other (specify)											
State: District:			ノ	 +	<u>مەر پەرتىمە</u>	_						
Full Name (Last, First, Middle Initial) C.				N	Date of	f Dk	sburse	ment				
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<u></u> [Primary [] General Other (specify)											
State: District:	ouror (opoury) 🕈											
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SUBTOTAL of Disbursements This Page (optional)			••••••	<u>►</u>	terene teres Lerene teres Antice teres	ر ورو محورت	n Filmon A	han Bross	1	ne S and Singatar	Sarahumi Ang ang ang ang	
TOTAL This Period (last page this line number only)				►	Sam San	a francis	There is	mailing	Maruli	n Sim 10	Ber Store	

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SCHEDULE C (FEC Form 3X)

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AME OF COMMITTEE (In Full) NAPA CLUMTY PEPUIS COAN SOURCE Full Name (Last, First, Middle Initial)	LICALI PARTY Election:	OF LINE 13 OF FORM 3X
COAN SOURCE Full Name (Last, First, Middle Initial)	Election:	<u></u>
COAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
COAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
		1
	Genera	
Mailing Address		specify) 🔻
	Code	
Original Amount of Loan Cumulative Payment		ling at Close of This Perio
TERMS	3 * 3	· · ·
Date Incurred Date D	ue Interest Rate	Secured:
		apr) Yes No
List All Endorsers or Guarantors (in any) to Loan Source	<u> </u>	,
1. Full Name (Last, First, Middle Initia)	Name of Employer	
Mailing Address	Occupation	<u> </u>
	Amount	
City State ZIP Code	Guaranteed Outstanding:	, .
2. Full Name (Last, First, Middle Initial)	Name of Employer	<u></u>
Mailing Address	Occupation	
City State ZIP Code	Amount Gyaranteed	
	Outstanding:	, ·
3. Full Name (Last, First, Middle Initial)	Name of Employer	,
Mailing Address	Occupation	
	Amount	···
City State ZIP Code	Guaranteed Outstanding:	· ·
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	<u></u>
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line.	· ····	

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SCHEDULE C-1 (FEC Form 3X)							
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS							
Federal Election Commission, Washington, D.C. 20463							
NAME OF COMMITTEE (In Full)	Τ						

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Supplementary for Information found on Page _____ of Schedule C

AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBE				
NAPA COUNTY TEEPO	BUCAN MA	C 00455659				
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)				
	, ,					
lailing Address	<u>} ····································</u>	······································				
	Date Incurred or Established	L				
ity State Zip Code	Date Due	UNI \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
A. Has loan been restructured? No Yes	If yes, date originally incurre	ના છે. છે. જે મેં જે જે d				
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:	, , ·				
L						
C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mu	ed? Jst be reported on Schedule C.)				
D. Are any of the following pledged as contateral for the I property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	loan: real estate, personal deposit, chattel papers,	What is the value of this collateral?				
No Yes If yes, specify:		• • • • • • • •				
	C	Does the lender have a perfected secur interest in it? No Yes				
E Are any fiture contributions or future receipts of interes	Are any future contributions or future receipts of interest theme. pledged as					
collateral for the loan? No Yes If yes, s		What is the estimated value?				
		, · ·				
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:					
Date account established:	Address:					
	City, State, Zip:					
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	is pledged for this loan, or it the was made and the basis on w	e amount pledged does not equal or excent hich it assures repayment.				
G. COMMITTEE TREASURER		DATE				
Typed Name						
Signature						
H. Attach a signed copy of the loan agreement.	<u> </u>	·				
 TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the te are accurate as stated above. The loan was made on terms and conditions (ind similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C 	cluding interest rate) no more fi f comparable credit worthiness. a loan must be made on a bas	avorable at the time than hose imposed is which assures repayment, and has				
UTHORIZED REPRESENTATIVE		DATE				
Typed Name						
Signature Tit	le					
	. <u> </u>	<u> </u>				

SCHEDULE D (FEC Form 3X)		PAGE OF
DEBTS AND OBLIGATIONS	(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans	for each	(check only one)
	numbered line)	10
NAME OF COMMITTEE (In Full)		
NATA COUNTY PLPUBLICAN A	PARTY	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Arnount Incurred This Period Payment This Perio	od Outstandi	ng Balance at Close of This Period
		1 : ·
B. Full Name (Last, First, Middle Initial of Debtor or Creditor	Nature of D	ebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	od Outstandi	ng Balance at Close of This Period
; , , , , <u>,</u>		, s s
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of C	ebt (Purpose):
	\mathbf{X}	
. Mailing Address		
City State Zip Code	X	
		·
Outstanding Balance Beginning This Period	\setminus	
Amount Incurred This Period Payment This Perio	nd Outstand	ng Balance at Close of This Period
rainean active marched and rayment mis rend		The second of the second of the second
		<u> </u>
1) SUBTOTALS This Period This Page (optional)		
2) TOTALS This Period (last page this line number only)	>	\sim \sim \sim \sim
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	Þ	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last pa	age only) ►	. \

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SCHEDULE E (FEC Form 3X)

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TEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		
NAPA COUNTY REPUT	LICAN PAR	CO0455659
Check if 24-hour notice 48-hour notice		
Full Name (Last, First, Middle Initial) of Payee		Date
		8 % 0 0 1 1 1 1
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/	Office Sought: House State:
	Туре	Senate District:
Name of Federal Candidate Supported or Opposed b	v Expenditure:	President
		Check One: Support Oppose
· · · · · · · · · · · · · · · · · · ·	<u></u>	
Calendar Year-To-Date Per Election		Disbursement For: Primary General
tor Office Sough	1 1 '	Other (specify)
Full Name (Last, First, Middle Initial) of Paye		Date
	1.	
Mailing Address	e Fr	
	176	Amount
	State Zip Code	
		· · ·
Purpose of Expenditure		Office Sought: House State:
	Category/	Senate District:
Name of Federal Candidate Supported or Opposed b		President
		Check One: Support Oppose
······································	\	····
Calendar Year-To-Date Per Election		Disbursement For: Primary General
for Office Sought	, , ,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
		······································
(b) SUBTOTAL of Uniternized Independent Expenditur	ac.	
(a) TOTAL Independent Expanditures	•	$\mathbf{\lambda}$
(c) TOTAL Independent Expenditures		········ • · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or ag	
		\mathbf{X}
		Date
Signature		\sim

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF

(2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICIAN PARTY Full Name of Subordinate Committee Nas your committee been designated to make ginated expenditures by a political party committee? CO YES NO Mailing Address If YES, mume the designating committee: City ZIP Code State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date City - 11 63 6 State Zip Code 4 Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential : Aggregate General Election 6 Expenditure for this Candidate > Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Mailing Address Туре Date City State Zip Code N 12 . 0 0 Name of Federal Candidate Supported Office Sought: House Gtate: Amount Dist Senate ct Presidential Aggregate General Election Expenditure for this Candidate > , , Full Name (Last, First, Middle Initial) of Each Payee urpose of Expenditure Category/ Mailing Address Type Date City State Zip Code •• •• 3 Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > . SUBTOTAL of Expenditures This Page (optional) TOTAL This Period (last page this line number only)

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

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	AING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature C	Confirmation [™] Label
USPS Express Mail	Postmarked 7/22/10
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date Other (Specify):	of Receipt or Postmarked
Imp	7/25/10
PREPARER	DATE PREPARED