Only

FE6AN026

REPORT OF RECEIPTS

2013 OCT 22 AM 11: 45

Rev. 12/2004

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		C	Office	Use	Or	ılv	

	NAME C	OF ITEE (in full)	TYPE	OR	PRINT V		cample: If typir er the lines.	ng, type	r LU 12FE4M5	MAIL U	MICK
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ADD	RESS (n	number and street)	L/c	21	0 H	uy 9	9W		1.1.1.1.1		
·	thar	eck if different n previously orted. (ACC)		RL	AND:				CAL	9596	<u></u> <u>3</u> -L
2.		ENTIFICATION NO REQUESTED)	UMBE	R▼	_	CITY 🛦		8	STATE A	ZIF	CODE A
	C					3. IS THIS REPOR		NEW N) OR	AM (A)	ENDED	
	TYPE (Choose	OF REPORT One)	(b		port	Feb 20 (M	2) 1	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	urterly Reports:		Due	e On:	Mar 20 (M	3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
		April 15				Apr 20 (M4	t) .	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
	•	Quarterly Report (C July 15 Quarterly Report (C		(c)	12-Day PRE-Elect Report for		Primary (12F		General (•	Runoff (12R)
	*	October 15 Quarterly Report (C January 31	23)		Heport Ioi		M M /	•	y y y y	in	the
		Year-End Report (\) July 31 Mid-Year Report (Non-election Year Only) (MY)		(d)	30-Day	Election on	General (300	 3)	Runoff (3		Special (30S)
		Termination Report (TER)			Report for		N M /	יס פ	Y Y Y Y	in	the tate of
5.	Covering	g Period δ	7	0	9 2	ðľ3	through	09	' 3°0'	201	Ž
	-	I have examined the		/	and to the	best of my kr	nowledge and I	belief it is tru	e, correct and	i complete.	
•		Treasurer	Bir	da	Ü	Eton		D	ate / C) '	7013
NOT	E: Submi	ission of false, erron	eous,	or in	complete inf	ormation may	subject the per	son signing th	is Report to th	e penalties	of 2 U.S.C. §437g.
		fice se								_	FORM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Covering the Period: From: 07 01 2013 To: 09 30 2013

Report Covering the Period:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand		, 7067,74
(b) Cash on Hand at Beginning of Reporting Period	, 7.067.74	
(c) Total Receipts (from Line 19)	, , 60.—	, , 60.
(d) Subtotal (add Lines 6(b) and 6(c) for Colunn A and Lines 6(a) and 6(c) for Column B)	, 7.127.74	, 1,127.74
7. Total Disbursements (from Line 31)	, 644.80	, 644.80
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 6,482.94	, 6,482,94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, ,	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , , , , , , , , , , , , , , , , , ,	

For further information contact:

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

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name		0
TEMPLA COUNTY	PENPAI	COMMITTEE

Report Covering the Period:

From:

07 01 5013

To: 09 30 20 13

I. Receipts		COLUMN A Total This Period				COLUMN B Calendar Year-to-Date					
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				<u> </u>						
	(i) Itemized (use Schedule A)	7	,	• .		,	,	•			
	(ii) Uniternized(iii) TOTAL (add	,	,	<u>-</u>		. ,	,	-			
	Lines 11(a)(i) and (ii)▶	,		•		,	,	•			
	(b) Political Party Committees	. 7	,	-		,	,	•			
	(such as PACs)(d) Total Contributions (add Lines	7	,	**		,	,	•			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)		•		·						
12.	Transfers From Affiliated/Other Party Committees	,	. 3			,		•			
	rany commutees	7	,	•		7	7	•			
13.	All Loans Received	. ,	, .	• .	<i>:</i>		, ,				
	Loan Repayments Received	3	, ,	-		,	,	-			
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)										
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Mode	. ,	,	. *.		,	•	•			
	to Federal Candidates and Other Political Committees			•							
17.	Other Federal Receipts (Dividends, Interest, etc.)	7	,	60.00		,	,	•			
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	,	, ,	 -		,	,	•			
	(from Schedule H3)	, ,	.* .	-		,	,	-			
	(b) Levin Funds (from Schedule H5)	,		•		,	7 .				
	(c) Total Transfers (add 18(a) and 18(b))	3	, .	•			,	•			
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	. ,	, 4	20.60		,	J .	• .			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	,	, (00.00		, 7	,				

FE64N026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:	- July I III V VIIV	Januar Idal to Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	, 644.80	, , , , , , , , , , , , , , , , , , ,
(ii) Non-Federal Share		
(b) Other Federal Operating		
Expenditures		
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	,	, , ,
. Transfers to Affiliated/Other Party	· · · · · · · · · · · · · · · · · · ·	
Committees Contributions to Federal Candidates/Committees	• • • • • • • • • • • • • • • • • • •	
and Other Political Committees	· · · · · · · · · · · · · · · · · · ·	· , ,
Independent Expenditures		
(use Schedule E)	en de la companya de	,
. Loan Repayments Made	The state of the s	The state of the s
. Loans Made	The state of the s	
(a) Individuals/Persons Other	er en	
Than Political Committees	the second second second	, , , , , , , , , , , , , , , , , , ,
4 4		
(b) Political Party Committees	3 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •
(c) Other Political Committees	· · · · · · · · · · · · · · · · · · ·	·
(such as PACs)	y • • • • • • • • • • • • • • • • • • •	1
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))		
(add Lines 20(a), (b), and (c),		,
Other Disbursements		
	y	, , , , , , , , , , , , , , , , , , ,
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	and the second of the second o	
(i) Federal Share		and the state of t
(ii) "Levir" Share		
(b) Federal Election Activity Paid Entirely	7	, , , , , , , , , , , , , , , , , , ,
With Federal Funds		
(c) Total Federal Election Activity (add		, ,
Lines 30(a)(i), 30(a)(ii) and 30(b))		
Lines objazin, objazin and objazin.	The state of the s	, , , , , , , , , , , , , , , , , , ,
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1 11/2 86	• • •
,	, 644.80	j y y
. Total Federal Disbursements		
(subtract Line 21(a)(il) and Line 30(a)(ii)		
from Line 31)	, ,644.80	
	, , , , , , , , , , , , , , , , , , , ,	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	טו טואט	ursement	5		Pa	ge 5	
III. Net Contributions/Operating Expenditures		COLUMN A al This Pe	COLUMN B Calendar Year-to-Dat				
33. Total Contributions (other than loans) (from Line 11(d), page 3)		•			•		
34. Total Contribution Refunds (from Line 28(d))				,	•		

36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))

, 444,80

37. Offsets to Operating Expenditures

35. Net Contributions (other than loans)

(subtract Line 34 from Line 33)

FE6AN026

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one) 11a 11b 11c 12						
	Detailed Surmmary Page	13 14 15 16 17						
Any information copied from such Reports and Statements major for commercial purposes, ether than using the name and ac	y not be sold or used by any per idress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)								
Full Name (Last, First, Middle Initial)	·	Date of Receipt						
Mailing Address		M M / D D / Y Y Y						
City State	Zip Code							
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period						
Name of Employer Occupation		1						
Primary General Other (specify)	Year-to-Date ▼							
Full Name (Last, First, Middle Initial)		Date of Receipt						
Mailing Address		M M / D D / Y Y Y						
City State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	Section 200	Amount of Each Receipt this Period						
Name of Employer Occupation								
Primary General Other (specify)	Year-to-Date ▼							
Full Name (Last, First, Middle Initial)	75-147- 1 4	Date of Receipt						
Mailing Address		M M / D D / Y Y Y						
City State	Zip Code	Amount of Each Receipt this Period						
federal political committee	e de manten etc	aniount of Each Hecept this Feriou						
Name of Employer Occupation		1						
Primary General Other (specify)	Year-to-Date ▼							
SUBTOTAL of Receipts This Page (optional)		y , ,						
TOTAL This Period (last page this line number only)		, , , , , , , , , , , , , , , , , , ,						

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SCHEDULE B (FEC Form 3X)

TEMIZED DISBURSEMENTS	Use separate schedule(s)		Conly (OMBEH:				[170	GL / OI		-
I EIVILZED DISDUMSEIVIEN I S	for each category of the Detailed Summary Page	·	21b [27	22 28a	П	23 28b	_	24 28c	ш	!5 !9	26 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full)											
Full Name (Last, First, Middle Initial)											
A.				Date of	Dis				Y		
Mailing Address		· · · · · · · · · · · · · · · · · · ·		м м	,	D		/ Y	*	7 Y	
City	tate Zip Code					-					
Purpose of Disbursement				Amount	of	Each	Disl	bursen	nent ti	nis Pe	eriod
Candidate Name		Category Type	y/			,		,			
	ent For: Primary General Other (specify)	71-3				•		•			
State: District:	· · · · · · · · · · · · · · · · · · ·										
Full Name (Last, First, Middle Initial) B.				Date of	Dis	sburse		nt y	v		
Mailing Address				191 101	,	J	J	, 4	•		
City	tate Zip Code										
Purpose of Disbursement				Amount of Each Disbursement this Period							
Candidate Name		Categor Type	y/			,		3			
	ent For: Primary ☐ General Other (specify) ▼										
								-			
Full Name (Last, First, Middle Initial) C.				Date of	Dis	sburse o		nt / Y	Y	Y Y	,
Mailing Address				•.							
·	tate Zip Code										
Purpose of Disbursement				Amount	of	Each	Disl	bursen	nent ti	his Pe	eriod
Candidate Name	1	Categor Type	y/			,		,			
	ent For: Primary ☐ General Other (specify) ▼										
SUBTOTAL of Disbursements This Page (optional)			>			,		,			
TOTAL This Period (last page this line number only).			→			,		,			

CHEDULE C (FEC Form 3X)		
ANS	Use separate schedule(s)	PAGE 8 OF 23
	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
ALE OF COMMITTEE (In E. III)	Dotalios Califficacy Fago	1
ME OF COMMITTEE (In Full)		
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	ection:
		Primary
Mailing Address		General Other (specify)
Mailing Address	_	Ciriei (Specify)
City State ZIF	Code	
Original Amount of Loan Cumulative Paymer	nt To Date Balance	Outstanding at Close of This Period
, ,	,	, ,
TERMS Date Incurred Date	Due Interest Rate	Secured:
M·M / D D / Y Y Y Y M M / D D /	Y Y Y Y	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
Cit. Class 7ID Code	Amount Guaranteed	
City State ZIP Code	Outstanding:	9 ••
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed	
	Outstanding: 3	•
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	
City State ZIP Code	Amount Guaranteed	
L	Outstanding:	•
UBTOTALS This Period This Page (optional)	>	, ,
OTALS This Period (last page in this line only)	>	,,
arry outstanding balance only to LINE 3, Schedule D, for this lin	e. If no Schedule D. carry forward	d to appropriate line of Summary

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

Supplementary for Information found on

Page 4 of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** C **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name % 9 . Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? No [If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) D. Are any of the following pledged as collateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotieble instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: 11 / D D / Y Y City, State, Zip: F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The lean was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. **AUTHORIZED REPRESENTATIVE** DATE Typed Name Signature Title

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

E

Jse separate		PAGE	0
schedule(s) for each umbered line)	FOR LIN		BER:

cluding Loans		numbered line)			10
AME OF COMMITTEE (In Full)			,		•
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of I	Debt (Purpose)	:	
Mailing Address		 			
City State	Zip Code				
Outstanding Balance Beginning This Period		<u> </u>			,
, , , . Amount Incurred This Period	Payment This Period	Outstand	ing Balance at	Close of T	his Period
	· · . • . • • • • • . • • • •		5 .		• .
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of I	Debt (Purpose)	: •	
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at	Close of T	his Period
Amount Incurred This Period	,		,	,	•
Amount Incurred This Period	,			,	•
Amount Incurred This Period	,		,	,	
Amount Incurred This Period 3 7 C. Full Name (Last, First, Middle Initial) of Deb	,		,	,	
Amount Incurred This Period 7 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor		,	,	•
Amount Incurred This Period 3 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City	tor or Creditor	Nature of I	,	;	•
Amount Incurred This Period , , , , , , , , , , , , , , , , , , ,	tor or Creditor State Zip Code	Nature of I	; Debt (Purpose)	;	• .
Amount Incurred This Period 7 7 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	state Zip Code Payment This Period	Nature of I) Debt (Purpose) ing Balance at	Close of T	•
Amount Incurred This Period 7 7 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period 7 7 7 Amount Incurred This Period	state Zip Code Payment This Period	Outstand	; Debt (Purpose) ing Balance at	Close of T	•
Amount Incurred This Period 7 7 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period 7 7 7 7 7 7 8 8 SUBTOTALS This Period This Page (optional)	state Zip Code Payment This Period , , ,	Outstand	; Debt (Purpose) ing Balance at	Close of T	• .

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	<u> </u>
PAGE	OF CS
FOR LINE	E 24 OF FORM 3X

IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
•		C
Check if 24-hour report 48-hour report New report	ort Amends repo	M M / D D / Y Y Y Y Y Y Stilled on
Full Name of Payee		Date of Public Distribution/Dissemination
		M M / D D / Y Y Y
Mailing Address		Amount
City State	Zip Code	, ,
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M M / D D / Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	•	Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
Oity State	Zip Code	, ,
Purpose of Expenditure	1	Date of Disbursement or Obligation
Purpose of Experimitale	Category/ Type	M M / D D / Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	in in the same	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		, , .
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Signature	_ Date	M M / D D / Y Y Y
organization of		•

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

SUBTOTAL of Expenditures This Page (optional).....

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

(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) Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee? YES ☐ NO If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate 10 a 📆 Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate LONG TO BUILDING THE PARTY OF A

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)					
USE ONLY ONE SECTION, A or B					
A. State and Local Party Committees					
Fixed Percentage (select one)					
Preeidential-Only Election Year (28% Federal)					
Presidential and Senate Election Year (36% Federal)					
Senate-Only Election Year (21% Federal)					
Non-Presidential and Non-Senate Election Year (15% Federal)					
_					
B. Separate Segregated Funds and Nonconnected Committees					
Flat Minimum Federal Percentage					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below					
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal					

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE 14 OF 23
NAME OF COMMITTEE (In Full)		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDA ACTIVITIES APPEARING ON THIS REPORT.	ATE SUPPORT	· · · · ·
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received met expenses must equal the federal proportion of monies raised. 	thod" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated accommodate the federal proportion of disbursements is based on the bene tivity. For PACs Only: Direct candidate support includee public commoderal and nonfederal candidates, regardless of whether there is a are allocated using a time/space method.	fit derived by federal candid munications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:	- %	. %
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	- %	. %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	- %	. %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Direct Candidate Support	. %	. %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Direct Candidate Support	- %	. %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	15	OF 23	
EOR II	NF 18:	OF FORM	37

NAM	IE OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRA	NSFERRED
		M M / D D / Y Y Y	, ,	•
RE	AKDOWN OF TRANSFER RECEIVED		<u>,</u>	
i)	Total Administrative		, ,	
ii)	Generic Voter Drive		, ,	•
iii)	Exempt Activities		. , ,	•
iv)	Direct Fundraising (List Activity or Ever	nt Identifier)		
	a)	<u> </u>		
	b)			
	c) Total Amount Transferred For Direct F	Fundraising		
v)	Direct Candidate Support (List Activity		, , , ,	•
	a)			
	b)	, , , , , , , , , , , , , , , , , , ,		
	c) Total Amount Transferred For Direct C	Candidate Support	3 · . 5	•
vi)	Public Communications Referring Onl	ly to Party (Made by PAC)	, ,	•
	TOTAL	LS FOR BREAKDOWN OF TRANSFER RECEIVE	ED	
ΓAL	This Period (Administrative)	······,	y. •	
ΓAL	. This Period (Generic Voter Drive)		, .	
ΓΔL	. This Period (Exempt Activities)		•	
	This Period (Exempt Activities)		,	
ΓAL	. This Period (Direct Fundraising)		, , .	
ΓAL				•
ΓAL	. This Period (Direct Fundraising)		, , ,	•

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	16	C	F	13	
FOR L	INE	21a	OF	FORM	зх

NA	ME OF COMMITTEE (In Full) TEHAMA COUNTY CENTRAL C	DMMITT	EE
A.	Full Name (Last, First, Middle Initial) SIERKA CENTRAL FEDERALCE	EDIT LANGE	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address Adobe ROAD		Voter Drive Direct Candidate Support
	City RED BLUFF CA GLOS	80	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	·.	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:		, , -
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	, , 20 , ,	. 0	, , 20
B.	Full Name (Last, First, Middle Initial) INTE GRATED CARD SERVICE		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City Code State Zip Code	-	Public Comm (ref to party only) by PAC
	THOUSAND DAYS (IF 91359	-0429	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: CLEDIT CARD PROCESSING FEE		
	Activity or Event Identifier:	Catagony	, , , , , , , , , , , , , , , , , , , ,
		Category/ Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	, , 67,90 , ,	. 0	, , 67.90
C.	Full Name (Last, First, Middle Initial) CORNING CHAMBER OF COUNTY	KCE	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address Solano Street		Voter Drive Direct Candidate Support
	City CORNING State Zip Code 96021	-343	Public Comm (ref to party only) by PAC
	Purpose of Disbursement: WEMBER SHIP DOE		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/	9 1. °
		Type	Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	, , 50 , ,	. 0	, , 50
SL	JBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
	13790	. 0	121 90
TC	TAL This Period (last page for each line only)(Federal share to 21(a)(i) and		are to 21(a)(ii))
	FEDERAL SHARE NONFEDERAL S	SHARE	TOTAL AMOUNT
_	3 5 5	•	, ,

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	17	C)F	23	
	INIT	01-	Ω Γ	CODM.	2

NA	ME OF COMMITTEE (In Full)	<u>+</u>
	TEHAMA COUNTY CENTRAL COM	MITEE
A.	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
	FOOD FOR THE HEART Mailing Address	Administrative Fundraising Exempt
	332 PINE ST	Voter Drive Direct Candidate Support
	City RED BLUFF CA Zip Code 95463	Public Comm (ref to party only) by PAC
•	Purpose of Disbursement:	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	7 9
	Category.	/ MM/DD/YYY Date
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
	, , 200	0, , 2.00
В.	Full Name (Last, First, Middle Initial)	Allocated Activity or Event:
	INTEGRATED CARD SERVICE Mailing Address?	Administrative Fundraising Exempt
	P.O BOX 3429	U Voter Drive Direct Candidate Support
	City — HOUSAND DAKS CA 219 Code 91359-042	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: (REDIT CARD PROCESSING FEE	
	Activity or Event Identifier:	, ,
	Category Type	/ in in in in D / Y Y Y Date
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
	, , 67.90 , ,	0, 67.90
C.	Full Name (Last, First, Middle Initial) US POSTAL SERVICE	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address 447 WALNUT ST.	Voter Drive Direct Candidate Support
	City RED BLUFF CA GLOSO	Public Comm (ref to party only) by PAC
•	Purpose of Disbursement: Post OFC Box FEES	Allocated Activity or Event Year-To-Date
•	Activity or Event Identifier:	. 9 . 9
	Category Type	/ Date
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
	, , 124	0, 124
SU	JBTOTAL of Allocated Federal and NonFederal Activity This Page	
	FEDERAL SHARE + NONFEDERAL SHARE	= TOTAL AMOUNT
	, 391.90	, ,391.90
TC	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal FEDERAL SHARE NONFEDERAL SHARE	I share to 21(a)(ii)) TOTAL AMOUNT
	, , , , , , , , , , , , , , , , , , ,	, ,

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	PAGE 18		23	>	
FOR L	NF	21a O	F FORM	1 3)	

NA	ME OF COMMITTEE (In Full)		4
	TEHANA CONNTY CENTRAL C	ommi	Tee
Ā.	Full Name (Last, First, Middle Initial) SIERRA (ENTRAL FEDERA) CRE	OT Years	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address Adohe Road	,	Voter Drive Direct Candidate Support
	City Red Bluss State Zip Code 9596		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	_.	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	;	3 3 -
	Administrative	Category/ Type	Date 67 11 2013
	FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
	, , 20 -	.0	, , 20.—
В.	Full Name (Last, First, Middle Initial) /NTEGRATED CARD SERVICE		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address P. O Box 3429		Voter Drive Direct Candidate Support
	City HOUSAND CAKS CA 91359-	0429	Public Comm (ref to party only) by PAC
	Purpose of Disbursement: CREDIT CARD PROCESSING FEE		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	•	, , -
		Category/ Type	Date 08 06 2013
	FEDERAL SHARE + NONFEDERAL S	SHARE	= TOTAL AMOUNT
	, 25.—	.0	, , 25.—
C.	Full Name (Last, First, Middle Initial) TEHAMA YOUTH FOCUS FAIR	_	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address HOD PLEASANT VACLEY &	K	Voter Drive Direct Candidate Support
	City RED BUFF CA GLOS	?O	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	,	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	•	9 I
	reality of Event deviation.	Category/ Type	мм/во/ууу Date
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	, 7.0	0	, , 70
SI	JBTOTAL of Allocated Federal and NonFederal Activity This Page		
	FEDERAL SHARE + NONFEDERAL S	SHARE	TOTAL AMOUNT
T/	OTAL This Period (last page for each line only)(Federal share to 21(a)(i) and	NonFederal sh	
10	FEDERAL SHARE NONFEDERAL S		TOTAL AMOUNT
	, 644,80		, ,644.80

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 19 OF 23 FOR LINE 18b OF FORM 3X

IAME OF COM	MMITTEE (In Full)			
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
INDIE OF A		M M / D · D / Y	v v v	TOTAL AMOUNT MANUELINES
				, , .
BREAKDOV	VN OF THIS TRANSFER			
i)	Voter Registration	V	OTER REGISTRA	ATION
	Total Amount Transferred for Voter	Registration	, ,	•
		•		OTER ID
ii)	Voter ID			
	Total Amount Transferred for Voter	ID	,	, .
***	0074			GOTV
111)	GOTV Total Amount Transferred for GOT	W		
	Idial Amount Transierred for GOT	V	••••	., ,
ivl	Generic Campaign Activity			GENERIC CAMPAIGN ACTIVITY
,	Total Amount Transferred for Gene	eric Campaign Activity		
		,		, , , · ·
NAME OF A	CCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
14711012 01 71	.0000111	M M / D D / Y		TOTAL AMOUNT THAT
			· · · ·	, , ,
				, ,
BREAKDOV	WN OF THIS TRANSFER			
n	Voter Registration	V	OTER REGISTR	ATION
i)	-	, Posistration		·
	Total Amount Transferred for Vote	negistration		. •
in	Voter ID		V	OTER ID
,	Total Amount Transferred for Vote	r ID		
			,	, , ,
ili)	GOTV			GOTV
	Total Amount Transferred for GOT	ν		, , .
			• •	GENERIC CAMPAIGN ACTIVITY
iv)	Generic Campaign Activity			
	Total Amount Transferred for Gene	eric Campaign Activity		, , , ,
	TOTALS FOR BE	REAKDOWN OF TRANSFER	RECEIVED (La	ast Page Only)
7071	. Tit. B. ind Other Budshallon			
IOIA	L This Period (Voter Registration)		, ,	•
TOTA	L This Period (Voter ID)		,	• •
			,	•
TOTA	L This Period (GOTV)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
				, , .
TA#4	I This Device (Consult Consults)	A metic site s		
IOTA	L This Period (Generic Campaign A	ACUVITY)	•••••	, ,
TOTA	L This Period (Total Amount of Train	nsfers Received)		, , .
				, ,

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE 70 OF 23
FOR LINE 30a OF FORM 3X

AME OF COMMITTEE (IN Full)	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, , ,
Purpose of Disbursement Category/	M M / D D / Y Y Y Y
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
, , , , ,	, , ,
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, , .
Purpose of Disbursement Category/	M M / D D / Y Y Y Y Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
, , ,	, , , , , , , , , , , , , , , , , , ,
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, , .
Purpose of Disbursement Category/ Type	M M / D D / Y Y Y Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
, , , , , , , , , , , , , , , , , , , ,	, , .
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	30(a)(ii)) TOTAL AMOUNT
, , LEVIN SHARE	, , .
TOTAL This Period for the Levin Share	

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

		COLUMN A TOTAL THIS PERIOD				COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS			1.	I	• • • • • • • • • • • • • • • • • • • •			
-	(a) Itemized(Use Schedule L-A)	5	,	•		, ,	,	•	
	(b) Unitemized	,	,			3 .	,		
	(c) Total	,	. 5	•		,	,	•	
	OTHER RECEIPTS	,	3			.	,		
i.	TOTAL RECEIPTS(Add Lines 1c and 2)	5	,	•		,	,	•	
•	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)								
	(a) Voter Registration	.7	, 1 - ,	•		,	,		
	(b) Voter ID	,	,	•		,	,	•	
	(c) GOTV	•	,	•		,	,		
	(d) Generic Campaign	y		•		,	,		
	(e) Total	,	•	• ,		,	,	•	
	OTHER DISBURSEMENTS	9 ·	,	•		5	5		
5.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	J·	7			,	,		
' .	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	,	,			,	,	•	
3.	RECEIPTS(from Line 3)	•	, 3	•		,	,	•	
١.	SUBTOTAL(Add Lines 7 and 8)	,	,	•		,	,		
).	DISBURSEMENTS(From Line 6)	•	•	·		,	,		
	ENDING CASH ON HAND(Subtract Line 10 From Line 9)					,	,		

SCHEDULE L-A (FEC Form 3X)

Use separate schedule(s)

1a	<u></u> :	2
J		

PAGE L' LOF

	EMIZED RECEIPTS OF LEVIN FUNDS	Aggregation Page	(check only one) 1a 2
	ny information copied from such Reports and Statements may not be for commercial purposes, other than using the name and address		
\setminus	NAME OF COMMITTEE (In Full)		
_	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
A.			M M / D D / Y Y Y
	Mailing Address		Amount of Fook Provided 1. Do
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		, , ,
	Occupation		
	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
В.	· · · · · · · · · · · · · · · · · · ·		мм/ а л у у у
	Mailing Address	-	Amount of Each Receipt this Period
	City State	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		, ,
— С.	Full Name (Kast, First, Middle Initial) / Full Organization Name		Date of Receipt
J .	Mailing Address		M M / D J / Y Y Y
			Amount of Each Receipt this Period
	City State	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Vegrute-Date
	Occupation		Aggregate Year-to-Date
_	Full Name (I set First Middle Initial) / Full Co.		3 3 4
D.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y
	Mailing Address		Amount of Fig. 1. December 1.
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		, , , Aggregate Year-to-Date
	Occupation		
Г		1	. 5 5
s	SUBTOTAL of Receipts This Page (optional)	>	, , -
T	OTAL This Period (last page this line number only)	>	1 1

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMB	ER:	PAG	Eしつ	OF U
(check only one)		4a	4c	<u></u> 5
	LJ.	4b	4d	

	Aggregation Page	
ny information copied from such Reports and Statements for commercial purposes, ether than using the name and	may not be sold or used by and address of any political comm	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , .
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , .
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		3 3 .
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , .
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Disbursement
Mailing Address		M M / D D / Y Y Y
	Zip Code	Amount of Each Disbursement this Period
City State	Zip Code	

American Service Control of the Cont

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMINATION The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked'
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busir	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	f Receipt or Postmarked
	10/12/13
PREPARER (8/2013)	DATE PREPARED