

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

MEL LEVEY FOR CONGRESS

ADDRESS (number and street) 2303 WESTWOOD DRIVE

Check if different than previously reported. (ACC) MERCED CA 95340

2. **FEC IDENTIFICATION NUMBER** C C00551028

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period / / through / /

05 / 15 / 2014 through 06 / 30 / 2014

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 CATHY GATEWOOD

Signature of Treasurer CATHY GATEWOOD [Electronically Filed] Date / /

07 / 15 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MEL LEVEY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 15 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	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))....	1675	27550
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1675	27550
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5077.73	32349.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5077.73	32349.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	308.71	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10070	

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

MEL LEVEY 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).....	1050	21300
(ii) Unitemized.....	600	6225
(iii) TOTAL of contributions from individuals ▶	1650	27525
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) The Candidate.....	25	25
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1675	27550
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	10000
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	10000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	308
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1675	37858

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5077.73	32349.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	5200	5200
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10277.73	37549.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8911.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1675
25. SUBTOTAL (add Line 23 and Line 24).....	10586.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10277.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	308.71

**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 5 OF 12
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEL LEVEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATTHEW BARBER

Mailing Address 11578 SUN BIRD RD

City State Zip Code
STOCKTON CA 95215

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

Name of Employer Occupation
LENT BURDEN FARMS FARM MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.C4543502

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOSEPH CALZADILLAS

Mailing Address 1946 OLD LAKE RD

City State Zip Code
MERCED CA 95340

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

Name of Employer Occupation
N/A RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : SA11AI.C4543497

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROBERT CRAIG

Mailing Address 102 W ALEXANDER AVE

City State Zip Code
MERCED CA 95348

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

Name of Employer Occupation
N/A CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.C4548111

Amount of Each Receipt this Period
250.00

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

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

450.00

**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 6 OF 12
	<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)
MEL LEVEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD FEEHAN

Mailing Address 2901 CRESTWOOD CT

City: MERCED State: CA Zip Code: 95348

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 150

Date of Receipt: 05 / 18 / 2014

Transaction ID : SA11AI.C4543495

Amount of Each Receipt this Period: 50.00

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

Mailing Address 950 BIG SKY DR, APT G304

City: CLARKSVILLE State: TN Zip Code: 37040

FEC ID number of contributing federal political committee: C

Name of Employer: US MILITARY Occupation: MILITARY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 200

Date of Receipt: 05 / 16 / 2014

Transaction ID : SA11AI.C4537579

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
PATRICIA G HOUBEIN

Mailing Address 1929 SIERRA CT

City: MERCED State: CA Zip Code: 95340

FEC ID number of contributing federal political committee: C

Name of Employer: MERCED COUNTY Occupation: DIRECTOR OF ADMIN SERVICES

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 450

Date of Receipt: 05 / 18 / 2014

Transaction ID : SA11AI.C4543498

Amount of Each Receipt this Period: 50.00

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

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

300.00

**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 7 OF 12
	<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)
MEL LEVEY FOR CONGRESS

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

Mailing Address 2863 BEA CT

City: **MERCED** State: **CA** Zip Code: **95348**

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

Name of Employer: **MERCED COLLEGE** Occupation: **PROFESSOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **575**

Date of Receipt: **05 / 18 / 2014**

Transaction ID : SA11AI.C4543499

Amount of Each Receipt this Period: **25.00**

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

Mailing Address 3813 FAITH HOME RD

City: **CERES** State: **CA** Zip Code: **95307**

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

Name of Employer: **BRADFORD FARMS** Occupation: **PCA PEST CONTROL ADVISOR**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **175**

Date of Receipt: **05 / 18 / 2014**

Transaction ID : SA11AI.C4543500

Amount of Each Receipt this Period: **75.00**

C. Full Name (Last, First, Middle Initial)
ISAAC YANCEY

Mailing Address 115 VALHALLA DR

City: **SAVANNAH** State: **GA** Zip Code: **31419**

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

Name of Employer: **US ARMY** Occupation: **COMPANY COMMANDER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **200**

Date of Receipt: **06 / 17 / 2014**

Transaction ID : SA11AI.C4545466

Amount of Each Receipt this Period: **200.00**

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

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

300.00

1050.00

**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 12
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MEL LEVEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MELVIN LEVEY

Mailing Address 2303 WESTWOOD DRIVE

City State Zip Code
MERCED CA 95340

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10025

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 19 2014

Transaction ID : SA11D.C4543506

Amount of Each Receipt this Period
 25.00

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 M / D 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 M / D 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).....

25.00

25.00

**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 9 OF 12			
	<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)
MEL LEVEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MERIDIAN PACIFIC, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 925 UNIVERSITY AVENUE			Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.E1586838	
City SACRAMENTO	State CA	Zip Code 95825		
Purpose of Disbursement CONSULTING SERVICES		Category/ Type		
Candidate Name		Disbursement For: 2014 <input checked="" 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) B. MERIDIAN PACIFIC, INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014	
Mailing Address 925 UNIVERSITY AVENUE			Amount of Each Disbursement this Period 43.73 Transaction ID : SB17.E1586839	
City SACRAMENTO	State CA	Zip Code 95825		
Purpose of Disbursement E-MAILS SERVICES		Category/ Type 004		
Candidate Name		Disbursement For: 2014 <input checked="" 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) C. VERVE MEDIA GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 267 BELVUE DR			Amount of Each Disbursement this Period 43.73 Transaction ID : SB17.E1586839.0	
City LOS GATOS	State CA	Zip Code 95032		
Purpose of Disbursement E-MAILS SERVICES		Category/ Type 004		
Candidate Name		Disbursement For: 2014 <input checked="" 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:			

SUBTOTAL of Disbursements This Page (optional).....	5043.73
TOTAL This Period (last page this line number only).....	5043.73

**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 10 OF 12	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MEL LEVEY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARNOLD LEVEY		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 2749 SARATOGA AVE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB21.E1586841
City MERCED	State CA	
Zip Code 95340	Purpose of Disbursement RETURN OF GENERAL ELECTION DONATION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BARBARA LEVEY		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2749 SARATOGA AVE		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB21.E1588576
City MERCED	State CA	
Zip Code 95340	Purpose of Disbursement REFUND OF GENERAL ELECTION CONTRIBUTIONS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement 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	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5200.00
TOTAL This Period (last page this line number only).....	5200.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MEL LEVEY FOR CONGRESS** Transaction ID : **SC/10.L557480**

LOAN SOURCE Full Name (Last, First, Middle Initial) MELVIN LEVEY	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2303 WESTWOOD DRIVE	

City	State	ZIP Code
MERCED	CA	95340

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000	0	10000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
10 / 25 / 2013	11/30/2014	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: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	10000.00

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

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)

MEL LEVEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CLENDENIN BIRD & COMPANY

Mailing Address 3501 TULLY RD
STE B

City State Zip Code
Modesto CA 95356

Nature of Debt (Purpose):
PROFESSIONAL FEES

Transaction ID : SD10.E1588486

Outstanding Balance Beginning This Period

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
MERIDIAN PACIFIC, INC.

Mailing Address 925 UNIVERSITY AVENUE

City State Zip Code
SACRAMENTO CA 95825

Nature of Debt (Purpose):
CONSULTING SERVICES

Transaction ID : SD10.E1582256

Outstanding Balance Beginning This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="70.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="70.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="10000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10070.00"/>