

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

Kimber for Congress

ADDRESS (number and street)

P.O. Box 1474

Check if different than previously reported. (ACC)

Escondido

CA

92033

2. FEC IDENTIFICATION NUMBER ▼

C C00540120

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CA

50

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 James H. Kimber

Signature of Treasurer James H. Kimber

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Kimber 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))....	9000.00	21675.10
(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)).....	9000.00	21675.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10468.32	24164.86
(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)).....	10468.32	24164.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-578.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

Kimber 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).....	5550.00	16424.06
(ii) Unitemized.....	3450.00	5251.04
(iii) TOTAL of contributions from individuals ▶	9000.00	21675.10
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9000.00	21675.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9000.00	21675.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10468.32	24164.86
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10468.32	24164.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	890.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9000.00
25. SUBTOTAL (add Line 23 and Line 24).....	9890.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10468.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-578.32

**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 32
	<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)
Kimber for Congress

Full Name (Last, First, Middle Initial) Richard Banister		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2014
Mailing Address 2226 Larkspur Dr		Transaction ID : VN8WRBVN743
City Alpine	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00
Name of Employer Sesame Software, Inc.	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) Diane K Jacobus		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 7075 Island Village Dr		Transaction ID : VN8WRBWTFZ6
City Long Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1950.00
Name of Employer Retired	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00	

Full Name (Last, First, Middle Initial) Diane K Jacobus		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 7075 Island Village Dr		Transaction ID : VN8WRBWVRZ2
City Long Beach	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -1950.00
Name of Employer Retired	Occupation Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2200.00	[MEMO ITEM] *

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL 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 6 OF 32
	<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)
Kimber for Congress

A. Full Name (Last, First, Middle Initial)
Diane K Jacobus

Mailing Address 7075 Island Village Dr

City State Zip Code
Long Beach CA 90803-4304

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

Name of Employer Occupation
Retired Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2014

Transaction ID : VN8WRBWVS42

Amount of Each Receipt this Period
1950.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
James Kimber

Mailing Address 12547 El Camino Real

City State Zip Code
San Diego CA 92130-4053

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

Name of Employer Occupation
Self Employed Physician Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6594.45

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : VN8WRCBD721

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James Kimber

Mailing Address 12547 El Camino Real

City State Zip Code
San Diego CA 92130-4053

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

Name of Employer Occupation
Self Employed Physician Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7894.45

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2014

Transaction ID : VN8WRCCD7J0

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 7 OF 32
	<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)
Kimber for Congress

A. Full Name (Last, First, Middle Initial)
James Kimber

Mailing Address 12547 El Camino Real

City San Diego State CA Zip Code 92130-4053

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

Name of Employer Self Employed Occupation Physician Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7894.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : VN8WRCCD7P1

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
David J. O'Connell

Mailing Address 12580 Mirar De Valle

City Valley Center State CA Zip Code 92082-7109

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

Name of Employer O'Connell & Associates Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2014

Transaction ID : VN8WRBVPKY2

Amount of Each Receipt this Period
500.00

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).....

800.00

5550.00

**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 8 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. BMO Harris Bank N.A.		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 5.87
City McLean State VA Zip Code 22102-4304	Purpose of Disbursement Bank Charge Candidate Name Category/Type 001	
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:	Transaction ID : VN7XG9RZC75

Full Name (Last, First, Middle Initial) B. BMO Harris Bank N.A.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 71.56
City McLean State VA Zip Code 22102-4304	Purpose of Disbursement Bank Charge Candidate Name Category/Type	
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:	Transaction ID : VN7XG9RZDD5

Full Name (Last, First, Middle Initial) c. BMO Harris Bank N.A.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 1750 Old Meadow Rd Ste 300		Amount of Each Disbursement this Period 31.03
City McLean State VA Zip Code 22102-4304	Purpose of Disbursement Bank Charge Candidate Name Category/Type	
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:	Transaction ID : VN7XG9RZDS8

SUBTOTAL of Disbursements This Page (optional).....	108.46
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: SB17

Transaction ID : VN7XG9RZC75

Credit Card processing fee

Form/Schedule: SB17

Transaction ID: VN7XG9RZDD5

Credit Card Processing Fee

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDS8

Bank Credit Card Processing Fee

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 11 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 1401 21st St Ste 200		Amount of Each Disbursement this Period 350.00 Transaction ID : VN7XG9RZD52
City Sacramento State CA Zip Code 95811-5221	Purpose of Disbursement CA Democratic Party Registration	
Candidate Name	Category/Type	
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. California Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1401 21st St Ste 200		Amount of Each Disbursement this Period 120.00 Transaction ID : VN7XG9RZDH7
City Sacramento State CA Zip Code 95811-5221	Purpose of Disbursement Democratic Convention	
Candidate Name	Category/Type	
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. California Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014
Mailing Address 1500 11th St		Amount of Each Disbursement this Period 1740.00 Transaction ID : VN7XG9RZDC7
City Sacramento State CA Zip Code 95814-5701	Purpose of Disbursement Filing Fee	
Candidate Name	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	2210.00
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: SB17

Transaction ID : VN7XG9RZD52

Fee for Endorsement Process with CA Dem Party

Form/Schedule: SB17

Transaction ID: VN7XG9RZDH7

Observer ticket for California Democratic Party Convention

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDC7

Campaign filing fee

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 14 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. Copymat		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 190 S Escondido Blvd		Amount of Each Disbursement this Period 155.52
City Escondido	State CA Zip Code 92025-4115	
Purpose of Disbursement Campaign Pins	Category/Type 007	Transaction ID : VN7XG9RZCD2
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. County of Riverside Registrar of Voters		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 2724 Gateway Dr		Amount of Each Disbursement this Period 900.00
City Riverside	State CA Zip Code 92507-0918	
Purpose of Disbursement Candidate Statement	Category/Type	Transaction ID : VN7XG9RZDQ4
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. County of San Diego Registrar of Voters		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 5600 Overland Ave		Amount of Each Disbursement this Period 1685.00
City San Diego	State CA Zip Code 92123-1271	
Purpose of Disbursement Candidate Statement	Category/Type 001	Transaction ID : VN7XG9RZDP6
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:		

SUBTOTAL of Disbursements This Page (optional).....	2740.52
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: SB17

Transaction ID : VN7XG9RZCD2

Campaign buttons

Form/Schedule: SB17

Transaction ID: VN7XG9RZDQ4

Candidate Statement for Riverside County Primary 2014

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDP6

Candidate Statement SD County Primary 2014

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 17 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. East County Chamber of Commerce			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 201 S Magnolia Ave			Amount of Each Disbursement this Period 250.00 Transaction ID : VN7XG9RZD60
City El Cajon	State CA	Zip Code 92020-4525	
Purpose of Disbursement East County Chamber Dinner		Category/ Type 007	
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. Future-Ink			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 2716 5th Ave Ste D			Amount of Each Disbursement this Period 224.97 Transaction ID : VN7XG9RMWB4
City San Diego	State CA	Zip Code 92103-6329	
Purpose of Disbursement Website Update		Category/ Type 004	
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. James Hilzman			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 39450 S Kirby Rd			Amount of Each Disbursement this Period 250.00 Transaction ID : VN7XG9RZDN8
City Anza	State CA	Zip Code 92539-9589	
Purpose of Disbursement Campaign Song Recording		Category/ Type 006	
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: _____		

SUBTOTAL of Disbursements This Page (optional)	724.97
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: SB17

Transaction ID : VN7XG9RZD60

Annual Dinner for the East County Chamber of Commerce

Form/Schedule: SB17

Transaction ID: VN7XG9RMWB4

website maintenance fee

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDN8

Studio recording of "Vote for Kimber" by Slow Traffic

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 20 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement MM / DD / YYYY 01 / 06 / 2014
Mailing Address 48 Grove St Ste 202		Amount of Each Disbursement this Period 2100.00 Transaction ID : VN7XG9RZC25
City Somerville State MA Zip Code 02144-2500	Purpose of Disbursement Campaign Accounting Candidate Name Category/Type 001	
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. Recording Studio		Date of Disbursement MM / DD / YYYY 03 / 03 / 2014
Mailing Address PO Box 390864		Amount of Each Disbursement this Period 250.00 Transaction ID : VN7XG9RD486
City Anza State CA Zip Code 92539-0864	Purpose of Disbursement Advertising - Song Recording Candidate Name Category/Type 004	
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. San Diego Democratic Party		Date of Disbursement MM / DD / YYYY 01 / 17 / 2014
Mailing Address 8340 Clairemont Mesa Blvd Ste 105		Amount of Each Disbursement this Period 500.00 Transaction ID : VN7XG9RZD36
City San Diego State CA Zip Code 92111-1320	Purpose of Disbursement Vote Builder Database Candidate Name Category/Type	
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:	

SUBTOTAL of Disbursements This Page (optional).....	2850.00
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: SB17

Transaction ID : VN7XG9RZC25

Quarterly payment for use of NGP

Form/Schedule: SB17

Transaction ID: VN7XG9RZD36

Monthly installment payment for Vote Builder Database

**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 22 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. San Diego Military Advisory Council		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 5330 Napa St Ste A		Amount of Each Disbursement this Period 240.00 Transaction ID : VN7XG9RZDE3
City San Diego	State CA Zip Code 92110-2613	
Purpose of Disbursement SDMAC Annual Mixer	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. San Diego Military Advisory Council		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 5330 Napa St Ste A		Amount of Each Disbursement this Period 40.00 Transaction ID : VN7XG9RZDF1
City San Diego	State CA Zip Code 92110-2613	
Purpose of Disbursement SDMAC Annual Mixer	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. StickersBanners.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3741 Venture Dr Ste 335		Amount of Each Disbursement this Period 29.95 Transaction ID : VN7XG9RZCS7
City Duluth	State GA Zip Code 30096-5636	
Purpose of Disbursement Campaign Banner	Category/Type 007	
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:		

SUBTOTAL of Disbursements This Page (optional).....	309.95
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: SB17

Transaction ID : VN7XG9RZDE3

Tickets for staff to SDMAC event

Form/Schedule: SB17

Transaction ID: VN7XG9RZDF1

extra ticket for SDMAC mixer

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZCS7

Stand for Fundraiser Banner

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 25 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. StickersBanners.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3741 Venture Dr Ste 335		Amount of Each Disbursement this Period 229.00 Transaction ID : VN7XG9RZCT5
City Duluth	State GA Zip Code 30096-5636	
Purpose of Disbursement Campaign Banner	Category/Type 007	
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. Union Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 12950 Carmel Country Rd		Amount of Each Disbursement this Period 33.00 Transaction ID : VN7XG9RZDB9
City San Diego	State CA Zip Code 92130-2157	
Purpose of Disbursement Bank Charge	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. Union Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 12950 Carmel Country Rd		Amount of Each Disbursement this Period 10.00 Transaction ID : VN7XG9RZDA1
City San Diego	State CA Zip Code 92130-2157	
Purpose of Disbursement Bank Charge	Category/Type 001	
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:		

SUBTOTAL of Disbursements This Page (optional).....	272.00
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: SB17

Transaction ID : VN7XG9RZCT5

Campaign Fundraiser Step & Repeat Banner

Form/Schedule: SB17

Transaction ID: VN7XG9RZDB9

insufficient funds fee

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : VN7XG9RZDA1

monthly checking account fee

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 28 OF 32			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. Union Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 12950 Carmel Country Rd		Amount of Each Disbursement this Period 10.00
City San Diego	State CA Zip Code 92130-2157	
Purpose of Disbursement Bank Charge	Category/Type	Transaction ID : VN7XG9RZDJ5
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. Union Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 12950 Carmel Country Rd		Amount of Each Disbursement this Period 33.00
City San Diego	State CA Zip Code 92130-2157	
Purpose of Disbursement Bank Charge	Category/Type 001	Transaction ID : VN7XG9RZDW2
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. Union Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 12950 Carmel Country Rd		Amount of Each Disbursement this Period 10.00
City San Diego	State CA Zip Code 92130-2157	
Purpose of Disbursement Bank Charge	Category/Type 001	Transaction ID : VN7XG9RZDX9
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:		

SUBTOTAL of Disbursements This Page (optional).....	53.00
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: SB17

Transaction ID : VN7XG9RZDJ5

monthly bank checking account charge

Form/Schedule: SB17

Transaction ID: VN7XG9RZDW2

insufficient funds fee

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDX9

fee for cashiers check

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 31 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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)
Kimber for Congress

Full Name (Last, First, Middle Initial) A. Union Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 12950 Carmel Country Rd		Amount of Each Disbursement this Period 10.00 Transaction ID : VN7XG9RZDY7
City San Diego State CA Zip Code 92130-2157	Purpose of Disbursement Bank Charge Candidate Name Category/Type 001	
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. Union Printing and Signs		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 2321 Pembroke Rd		Amount of Each Disbursement this Period 667.57 Transaction ID : VN7XG9RZD78
City Hollywood State FL Zip Code 33020-6253	Purpose of Disbursement Campaign Printing Candidate Name Category/Type 001	
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 Candidate Name Category/Type	
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).....	677.57
TOTAL This Period (last page this line number only).....	9946.47

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

Form/Schedule: SB17

Transaction ID : VN7XG9RZDY7

monthly checking account bank charge

Form/Schedule: SB17

Transaction ID: VN7XG9RZD78

New campaign business cards for staff Stationary