

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

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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 2014

through

M M /

D D /

Y Y Y Y 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

M M /

D D /

Y Y Y Y 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.

Office Use Only

FEC FORM 3 (Revised 02/2003)

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 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 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)).... | 10925 | 23925 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0 | 0 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 10925 | 23925 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 19580.13 | 24035.48 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0 | 0 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 19580.13 | 24035.48 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 10197.52 | |
| 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)..... | 10265 | |

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)..... | 5550 | 18550 |
| (ii) Unitemized..... | 5375 | 5375 |
| (iii) TOTAL of contributions from individuals ▶ | 10925 | 23925 |
| (b) Political Party Committees..... | 0 | 0 |
| (c) Other Political Committees (such as PACs)..... | 0 | 0 |
| (d) The Candidate..... | 0 | 0 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 10925 | 23925 |
| 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.) | 308 | 308 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 11233 | 34233 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 19580.13 | 24035.48 |
| 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 | 0 | 0 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 19580.13 | 24035.48 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 18544.65 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 11233 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 29777.65 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 19580.13 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 10197.52 |

**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 20 |
| | <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

| | | | |
|---|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial) ANTHONEY ABBATE | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 4155 LOS OLIVOS RD | | Transaction ID : SA11AI.C4534823 | |
| City MERCED | State CA | Zip Code 95340 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 | |
| Name of Employer N/A | Occupation RETIRED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300 | | |

| | | | |
|---|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial) ANTHONEY ABBATE | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2014 | |
| Mailing Address 4155 LOS OLIVOS RD | | Transaction ID : SA11AI.C4530450 | |
| City MERCED | State CA | Zip Code 95340 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | |
| Name of Employer N/A | Occupation RETIRED | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300 | | |

| | | | |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial) JAMES ABBATE | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2014 | |
| Mailing Address 5815 RIMROCK CT | | Transaction ID : SA11AI.C4524265 | |
| City MERCED | State CA | Zip Code 95340 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer MCDONALDS FRANCHISE | Occupation RESTAURANT OWNER | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 600 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| 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 20 |
| | <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)
JAMES ABBATE

Mailing Address 5815 RIMROCK CT

City: MERCED State: CA Zip Code: 95340

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

Name of Employer: MCDONALDS FRANCHISE Occupation: RESTAURANT OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **600**

Date of Receipt: **03 / 08 / 2014**

Transaction ID : SA11AI.C4530737

Amount of Each Receipt this Period: **100.00**

B. Full Name (Last, First, Middle Initial)
RICHARD BOHN

Mailing Address 3441 BEALE CT

City: MERCED State: CA Zip Code: 95348

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

Name of Employer: CITY OF MERCED Occupation: FIRE FIGHTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **400**

Date of Receipt: **03 / 08 / 2014**

Transaction ID : SA11AI.C4530740

Amount of Each Receipt this Period: **400.00**

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

Mailing Address 1946 OLD LAKE RD

City: MERCED State: CA Zip Code: 95340

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: **200**

Date of Receipt: **03 / 06 / 2014**

Transaction ID : SA11AI.C4530459

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

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

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

700.00

**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 20 |
| | <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)
ERNIE CARRILLO

Mailing Address 710 W 14TH ST

City State Zip Code
MERCED CA 95340

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

Name of Employer Occupation
N/A AUTO MECHANIC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
03 / 07 / 2014

Transaction ID : SA11AI.C4534780

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DANA CRIGGER

Mailing Address 10840 ACOMA ST

City State Zip Code
EL PASO TX 79934

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

Name of Employer Occupation
DOD US ARMY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
03 / 16 / 2014

Transaction ID : SA11AI.C4531001

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VON GOODIN

Mailing Address 830 W OLIVE AVE, STE B

City State Zip Code
MERCED CA 95348

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

Name of Employer Occupation
N/A DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
03 / 20 / 2014

Transaction ID : SA11AI.C4534783

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 20 |
| | <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)
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: 400

Date of Receipt: 03 / 08 / 2014

Transaction ID : SA11AI.C4530748

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
ANDRE MINUTH

Mailing Address 8590 N 3RD ST

City: FRESNO State: CA Zip Code: 93720

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: DOCTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 03 / 06 / 2014

Transaction ID : SA11AI.C4530497

Amount of Each Receipt this Period: 500.00

C. 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: 550

Date of Receipt: 03 / 06 / 2014

Transaction ID : SA11AI.C4530456

Amount of Each Receipt this Period: 50.00

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

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

650.00

**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 9 OF 20 |
| | <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 State Zip Code
MERCED CA 95348

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

Name of Employer Occupation
MERCED COLLEGE PROFESSOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550

Date of Receipt
 M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : SA11AI.C4534397

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAUL RAGGIO

Mailing Address 512 ARBOLEDA DR

City State Zip Code
MERCED CA 95340

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

Name of Employer Occupation
MERCED FRUIT BARN OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200

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

Transaction ID : SA11AI.C4530471

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
DAVID RYAN

Mailing Address 3422 ATLANTIC AVE

City State Zip Code
ERIE PA 16506

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

Name of Employer Occupation
GE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
02 / 25 / 2014

Transaction ID : SA11AI.C453622

Amount of Each Receipt this Period
500.00

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

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

1200.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 20 |
| | <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

| | | |
|---|-------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CRAIG VAN KIRK | | Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2014 |
| Mailing Address 8175 W ASHLAN AVE | | Transaction ID : SA11Al.C4530764 |
| City FRESNO | State CA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer HORSE BOARDING FAC | Occupation OWNER | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 200 | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | | |
|---|------------------------|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address | | Amount of Each Receipt this Period |
| City | State | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.00 |
| TOTAL This Period (last page this line number only)..... | 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 12 OF 20 | |
| | <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. CALIFORNIA SECRETARY OF STATE | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 | |
| Mailing Address PO BOX 1487 | | | Amount of Each Disbursement this Period 1662.86 | |
| City SACRAMENTO | State CA | Zip Code 95812 | Transaction ID : SB17.E1581714 | |
| Purpose of Disbursement FILING FEE | | 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. CARPENTER PRINTING | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 | |
| Mailing Address 1574 W 18TH STREET | | | Amount of Each Disbursement this Period 312.12 | |
| City MERCED | State CA | Zip Code 95340 | Transaction ID : SB17.E1578180 | |
| Purpose of Disbursement INVITES/RSVP CARDS | | Category/ Type 003 | | |
| 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. CITY OF MERCED | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 | |
| Mailing Address 678 W 18TH STREET PARKS & COMMUNITY SERVICES | | | Amount of Each Disbursement this Period 775.00 | |
| City MERCED | State CA | Zip Code 95340 | Transaction ID : SB17.E1578178 | |
| Purpose of Disbursement HALL RENTAL | | 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)..... | 2749.98 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 20 | |
| | <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. CLENDENIN BIRD & COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014 |
| Mailing Address 3501 TULLY RD STE B | | Amount of Each Disbursement this Period 60.00 |
| City Modesto State CA Zip Code 95356 | Purpose of Disbursement PROFESSIONAL FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.E1577268 |
| 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. CLENDENIN BIRD & COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014 |
| Mailing Address 3501 TULLY RD STE B | | Amount of Each Disbursement this Period 275.00 |
| City Modesto State CA Zip Code 95356 | Purpose of Disbursement PROFESSIONAL FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.E1577195 |
| 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. CLENDENIN BIRD & COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 3501 TULLY RD STE B | | Amount of Each Disbursement this Period 329.50 |
| City Modesto State CA Zip Code 95356 | Purpose of Disbursement PROFESSIONAL FEES 001 Category/Type | |
| Candidate Name | | Transaction ID : SB17.E1574585 |
| 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)..... | 664.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 20 | | | |
| | <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. CLENDENIN BIRD & COMPANY | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 3501 TULLY RD STE B | | Amount of Each Disbursement this Period 70.00 |
| City Modesto State CA Zip Code 95356 | Purpose of Disbursement PROFESSIONAL FEES Category/Type 001 | |
| Candidate Name | | Transaction ID : SB17.E1578328 |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | 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. FRESNO COUNTY CLERK | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 2221 KERN ST | | Amount of Each Disbursement this Period 1800.00 |
| City FRESNO State CA Zip Code 93721 | Purpose of Disbursement FEE FOR CANDIDATE STATEMENT Category/Type | |
| Candidate Name | | Transaction ID : SB17.E1581716 |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | 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. ROBERT HUBER | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014 |
| Mailing Address 1325 MADISON PLACE | | Amount of Each Disbursement this Period 1600.00 |
| City WOODLAND State CA Zip Code 95776 | Purpose of Disbursement WEB SITE DEVELOPMENT Category/Type | |
| Candidate Name | | Transaction ID : SB17.E1577480 |
| Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | 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)..... | 3470.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 20 | | | |
| | <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

A. MERCED COUNTY

Full Name (Last, First, Middle Initial)
Mailing Address 2222 M ST

City MERCED State CA Zip Code 95340

Purpose of Disbursement
CANDIDATE STATEMENT

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 06 / 2014

Amount of Each Disbursement this Period: 1850.00

Transaction ID : SB17.E1581712

B. MERIDIAN PACIFIC, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 925 UNIVERSITY AVENUE

City SACRAMENTO State CA Zip Code 95825

Purpose of Disbursement
CONSULTING SERVICE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB17.E1578720

C. MERIDIAN PACIFIC, INC.

Full Name (Last, First, Middle Initial)
Mailing Address 925 UNIVERSITY AVENUE

City SACRAMENTO State CA Zip Code 95825

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 10 / 2014

Amount of Each Disbursement this Period: 612.04

Transaction ID : SB17.E1578725

SUBTOTAL of Disbursements This Page (optional) 7462.04

TOTAL This Period (last page this line number only)

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 20 | | | |
| | <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 03 / 10 / 2014 | |
| Mailing Address 925 UNIVERSITY AVENUE | | | Amount of Each Disbursement this Period 303.87 | |
| City SACRAMENTO | State CA | Zip Code 95825 | Transaction ID : SB17.E1578727 | |
| Purpose of Disbursement | | 005 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. POLITICAL DATA , INC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014 | |
| Mailing Address 12501 IMPERIAL HWY, STE 200 | | | Amount of Each Disbursement this Period 303.87 | |
| City NORWALK | State CA | Zip Code 90605 | Transaction ID : SB17.E1578727.0 | |
| Purpose of Disbursement | | 005 Category/Type | | |
| Candidate Name | | | [MEMO ITEM] | |
| 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) | | Sub-vendor itemization of MERIDIAN PACIFIC, INC. | |
| State: District: | | | | |

| | | | | |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial) C. MERIDIAN PACIFIC, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2014 | |
| Mailing Address 925 UNIVERSITY AVENUE | | | Amount of Each Disbursement this Period 3422.53 | |
| City SACRAMENTO | State CA | Zip Code 95825 | Transaction ID : SB17.E1577482 | |
| Purpose of Disbursement | | 006 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: | | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3726.40 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 20 | | | |
| | <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. MAGMA CREATIVE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014 |
| Mailing Address 700 VERNON STREET | | | Amount of Each Disbursement this Period 880.00 |
| City ROSEVILLE | State CA | Zip Code 95678 | |
| Purpose of Disbursement DESIGN OF TRIFOLD | | Category/ Type 006 | Transaction ID : SB17.E1577482.0 |
| 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) | | [MEMO ITEM] Sub-vendor itemization of MERIDIAN PACIFIC, INC. |
| State: District: | | | |

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) B. CREATIVE MARKETING AND ADVERTI | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014 |
| Mailing Address 1011 S LINWOOD AVE | | | Amount of Each Disbursement this Period 2317.70 |
| City SANTA ANA | State CA | Zip Code 92705 | |
| Purpose of Disbursement PRINTING AND MAILING | | Category/ Type | Transaction ID : SB17.E1577482.1 |
| 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) | | [MEMO ITEM] Sub-vendor itemization of MERIDIAN PACIFIC, INC. |
| State: District: | | | |

| | | | |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. ROSIE PAGLINO | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 1850 LIBERTY CT | | | Amount of Each Disbursement this Period 426.25 |
| City MERCED | State CA | Zip Code 95341 | |
| Purpose of Disbursement REIMBURSEMENT OF COST | | Category/ Type 003 | Transaction ID : SB17.E1579197 |
| 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)..... | 426.25 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 18 OF 20 | |
| | <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. TED PEDROZO | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address 3642 S THRIFT RD | | Amount of Each Disbursement this Period 986.96 Transaction ID : SB17.E1579195 |
| City MERCED State CA Zip Code 95341 | Purpose of Disbursement REIMBURSEMENT OF FUNDRAISING COST | |
| Candidate Name | Category/Type 003 | |
| 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. | | 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: | | |

| | | |
|--|--|---|
| 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)..... | 986.96 |
| TOTAL This Period (last page this line number only)..... | 19486.13 |

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
 Primary
 General
 Other (specify) ▼

Mailing Address
2303 WESTWOOD DRIVE

City State ZIP Code
 MERCED CA 95340

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

TERMS

Date Incurred: M 10 / D 25 / Y 2013
 Date Due: M / D / Y 11/30/2014
 Interest Rate: 0.00 % (apr)
 Secured: Yes 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) | PAGE 20 OF 20 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 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

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.E1574584 | |
| 329.5 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0 | 329.5 | 0 |

B. 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

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.E1581434 | |
| 0 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 265 | 0 | 265 |

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) | 265.00 |
| 2) TOTALS This Period (last page this line number only) | 265.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 10000.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 10265.00 |