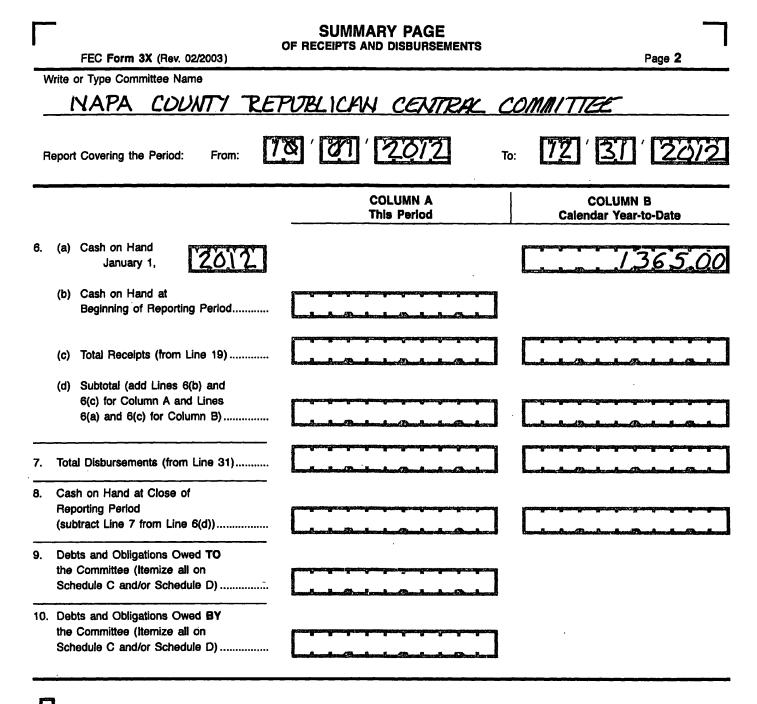
FEC AN	PORT OF REC ND DISBURSE	MENTS	2013 JA	ECEIVED N 23 AM II: 49 Hearddy CENTER
1. NAME OF TYP COMMITTEE (in full)		ample: If typing, type or the lines.	12FE4M5	
NAPA COUNTY	TR. EPUTBLICAN	I CENTRAL	COMMI	TEE
				<u></u>
ADDRESS (number and street)	P.D. BOX 326	3	┹╌┶╌┶╌┝╌┶╌┶	
Check if different				
than previously reported. (ACC)	NAPA		CA 94	558-1
2. FEC IDENTIFICATION NUMB			STATE	
C 00455659	3. IS THIS REPORT		AMENDE (A)	D
4. TYPE OF REPORT ((Choose One) (a) Quarterly Reports:	b) Monthly Feb 20 (M2 Report Due On: Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9	(Non-Election Year Only)) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q2)	Apr 20 (M4) (c) 12-Day PRE-Election Report for the:		Oct 20 (M10 General (12G) Special (12S)	0) Jan 31 (YE) Runoff (12R)
January 31 Year-End Report (YE)	Election on		an a n an	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	State of Special (30S)
Termination Report (TER)	Report for the: Election on			in the State of
5. Covering Period	Ø1 2012	through 12	31 2	012
I certify that I have examined this R Type or Print Name of Treasurer		whedge and belief it is tr	ue, correct and comp	xete.
Signature of Treasurer	ph Blein	N	Date DI	17 2013
NOTE: Submission of false, erroneous,	or incomplete information may s	ubject the person signing t	this Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

•



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

For further information contact:

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

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

Γ	DETAILED SUMMARY PAGE					
	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3			
W	rite or Type Committee Name					
_	NAPA COUNTY REPUT	BLICAN CENTRAL CO	IMMITTEE			
R	eport Covering the Period: From:		. 72 37 2012			
	I. Recelpts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
:	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schadule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(I) and (ii)					
13.	All Loans Received		Ø.00			
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Mode	<u></u>	<u>ф.</u> ф			
	to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	<u>φ.υο</u> 				
¥	(a) Non-Federal Account (from Schedule H3)	31000	1.0.6.1.00			
	(b) Levin Funds (irom Schedule H5)	Ø.00	Ø.00			
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	33.4.0.00	1.3,5.5.8.00			
	(subtract Line 18(c) from Line 19)►	3030,00	1.2.4.9.7.00			
	* TEMSFEELED # 310 FRO	OM STATE ALLE TO FEDE	TRAL ACCT.			

•

i

•

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 02/2003)

Page 4

COLUMN B

Calendar Year-to-Date

II. Disbursements						
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal					

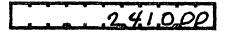
- Activity (from Schedule H4) (i) Federal Share
- (ii) Non-Federal Share.....
- (b) Other Federal Operating Expenditures
- (c) Total Operating Expenditures
 (add 21(a)(i), (a)(ii), and (b))
- Transfers te Affiliated/Other Party Committeee......
 Contributions to Federal Candidates/Committees and Other Political Committees......
- Independent Expenditures

 (use Schedule E)
 Coordinated Party Expenditures
 (2 U.S.C. §441a(d))
 (use Schedule F)
- 26. Loan Repayments Mede
- - I nan Political Committees
 - (b) Political Party Committees
 (c) Other Political Committees (such as PACs)......
 - (d) Total Contribution Refunds
 (add Lines 28(a), (b), and (c))......
- 29. Other Disbursements
- 30. Federal Election Activity (2 U.S.C. §431(20))
 - (a) Allocated Federal Election Activity
 (from Schedule H6)
 (i) Federal Share
 - (ii) "Levin" Share.....
 - (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ►
- Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))...
- Total Federal Disbursements (subtract Line 21(a)(ii) and Line 3℃(a)(ii) from Line 31)......

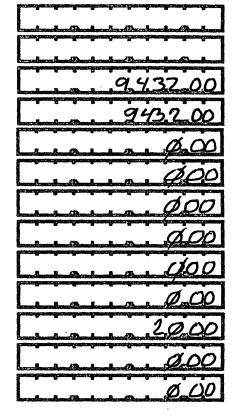
and the foreign of the state of
hanna dan serie (Denna dan serie (Denna dan serie) and a serie dan serie (Denna dan serie) and a serie dan serie
2-410-00
d on
ϕ_{0}
ϕ_{0}
2 100
000
and the second
<u> </u>

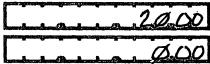
-Barred	handana handana	L	.Z	Ø	OD
	3			Ø,	Ó

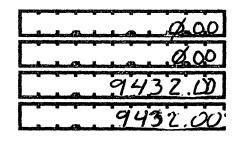
	0.00
	Øw
	2410,00
	2410 OD

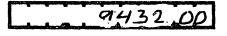














 \sim

DETAILED SUMMARY PAGE of Disbursements

of Disbursements	Page 5
COLUMN A Totai This Period	COLUMN B Calendar Year-to-Date
241000	943200
20.00	20,00
237,0,00	941200
239.0.00	941200
6.00	E LD
239D W	
	COLUMN A

.

FE6AN026

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF				
ITEMIZED RECEIPTS Any information copied from such Reports and Statements r			Use separate schedule(s) for each category of the	(check only one)			
			Detailed Summary Page	11a 11b 11c 12			
		ntomonte	w not be cold as used to associate	13 14 15 16 17			
Al	to information copied from such Reports and St for commercial purposes, other than using the	alements ma .pame and a	ddress of any political committee	to solicit contributions from such committee.			
Γ	NAME OF COMMITTEE (In Full)						
\mathcal{V}	NAPA COUNTY REP	VBLK	AN CENTRAL C	OMMITTEE			
Α.	Full Name (Last, First, Middle Initial) KRUG CR CATH	RINE	m	Date of Receipt			
	Mailing Address 2203 FIRST			10 109 2012			
	City NAPA CA	State	Zip Code 94558	Amount of Each Receipt this Period			
	FEC ID number of contributing tederal political committee.	C		200.00			
	Name of Employer	Occupation					
	NONE Receipt For:		TIRED				
	Primary General	Aggregate	Year-to-Date ▼	a			
	Other (specify)		200.00				
В.	Full Name (Last, First, Middle Initial)	PALTY	STATE ACCOUNT	Date of Receipt			
	Mailing Address			[7 8] ' [7 7] ' [7 7]			
	City	State	Zip Code				
	NAPA	CD 94555		Arnount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	Ciù	2455659	3/0.00			
	Name of Employer	Occupation		-1			
	Receipt For:		ONE				
	Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)		A. <u>A 1(13,00</u>				
<u>с.</u>	Full Name (Last, First, Middle Initial)			Date of Receipt			
	Mailing Address						
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C .					
	Name of Employer	Occupation					
	Receipt For:	Aggregate	Year-to-Date ▼	-1			
	Other (spacify) ▼		and and a standard a				
ſ	UBTOTAL of Receipts This Page (optional)		······	510.00			
F	OTAL This Period (last page this line number o	only)		5(0.0			

.

.

.

.

SCHEDULE B (FEC Form 3X)		FOR		UMBER:			PA	GE	OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		k only	one)		00			
	Detailed Summary Page		21b 27	22 28a	H	23 28b	24 28c	25	
Any information copied from such Reports and Stater	I nents may not be sold or use	d by an				-			
or for commercial purposes, other than using the nan	ne and address of any politica	l commi	ttee to	solicit co	atrib	utions	from suc	h commi	ttee.
NAME OF COMMITTEE (In Full)									
NATA COUNTY REPUB	ICALL CELTO		<u>n</u>		77-	F			
Full Name (Last, First, Middle Initial)					<u>K</u>	<u> </u>)
A. DALISON DALLAL ()			{	Date of	Dis	burse	ment		
HANSON JOHN A. J. Mailing Address	· · · · · · · · · · · · · · · · · · ·			77	1′	W	<u>ዋ</u> ገ / Γ	2/3/	3
484 B WASHING TON	ST. # 347			Lundar					
,	State Zip Code								
MONTEREY Purpose of Disbursement	<u>CA 93940</u>								
PLACHASE -1×8 TEOM	IEY SIGNS			Amount	t of	Each	Disburse	ment this	Period
Candidate Name		Catego		l	n an	An	بر سرود ین ل	100	100
MITTEDMALE 7 Office Sought: House Disburser	nent For:	Туре		Continue	diana	(Branil			
Senate	Primary Z General								
President	Other (specify)								
State: District: Full Name (Last, First, Middle Initial)		·			_				
В.				Date of	l Dis	sburse	ement		
SONOMA COUNTY TR	PUBLICAN P	ALT.	<u> </u>		1,		27 / L		21
Mailing Address 74/ 4774 STREET				\underline{U}	J	L	2	-201	<u>ک</u>
City	State Zip Code				<u> </u>				
SONOMA C	State Zip Code A 75476-71	<u>17</u>							
THERCHASE OF SMALL	TROMNEY SIGK			Amoun	t of	Each	Disburse	ment this	Period
Candidate Name		Catego	ry/		a guntar	ufference (- ^ ^	(12)
MITT ZOMNEY Office Sought: House Disburser	nent For:	Туре		L	dana	(Bd		$ \overline{\mathcal{G}} \overline{\mathcal{G}} $	$-\mathcal{U}$
Senate	Primary 7 General								
Z President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) C.				Date of		shurec	ment		
	PERTY MANAGE	me	v7		. Dia 1 /	D 1			
Mailing Address				1/	J	0	ШL	201	2
[BO] LINCOLN AVENL	State Zip Code								
NAPA, CA 94	558								
Purpose of Disbursément	ULADA IA PADO C					_ .	-		
<u>12 MONTHS PENT FOR</u> Candidate Name	ITETTIL UMERE	Catago		Amoun	t of	Each	Disburse	ment this	Period
MITTEDMARY		Catego Type					. 2	50	00
Office Sought: House Disburser									
President	Primary Other (specify) ▼								
State: District:	··· •· •								
		7		Press of the local division of the local div					
SUBTOTAL of Disbursements This Page (optional)			• •	land and and and and and and and and and	د د باره			220	$\rho \rho$
TOTAL This Period (last page this line number only)			.)				./.2	250	ω
	ويستور بالمرودة والمتكاف البارار فالمحجور فالبالعان المتعار	بحر بحذي والزيدة	-						

•

•

.

,

SCHEDULE C (FEC Form 3X)

LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)			J		
NAPA COUNTY COAN SOURCE Full Name (Last, F	REPUBLICAN	N CENTRAL COM	MITTEE		
COAN SOURCE Full Name (Last, F	-irst, Middle Initial)		ecuon: Primary General		
Mailing Address			Other (specify)		
City		Code			
Original Amount of Loan	Cumulative Payment	To Date Balance	Outstanding at Close of This Period		
TERMS					
Date Incurred		ue Interest Rate	Secured: % (apr) Yes No		
List All Endorsers or Guarantors (1 1. Full Name (Last, First, Middle In		Name of Employer			
	Itran				
Mailing Address		Occupation			
		Amount groups	and a subsection of the subsec		
City	State ZIP Oode	Guaranteed Outstanding:	and the stand of the		
2. Full Name (Last, First, Middle Init	ial)	Name of Employer			
Mailing Address		Occupation			
	`				
City	State ZIP Code	Amount Quaranteed Outstanding:	na fan ei		
3. Full Name (Last, First, Middle Init	ial)	Name of Employer			
Mailing Address		Occupation	<u> </u>		
City	State ZIP Code	Amount Guaranteed Outstanding:	angan georgeongeongeongeongeongeongeongeongeongeon		
4. Full Name (Last, First, Middle Init	ial)	Name of Employer			
Mailing Address		Occupation	$\overline{}$		
		Amount			
City	State ZIP Code	Guaranteed Outstanding:	<u> </u>		
SUBTOTALS This Period This Page (o	ntional)				
TOTALS This Period (last page in this					
Carry outstanding balance only to LIN	E 3, Schedule D, for this line.	If no Schedule D, carry forward	d to appropriate line of Summary.		

.

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

Supplementary for Information found on Page _____ of Schedule &

NAME OF COMMITTEE (In Full)						
		FEC IDENTIFICATION NUMBER				
NAPA COUNTY REPUBLICAN C	<u>CENTRAL COMMIT</u>	EE Materia Total The State of t				
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)				
FDN Name	In the second seco	Annual States - Brance Constrained and an				
	and and and an descelor and and	•%				
Mailing Adverss		ראאאנינאן / רפיפן / ראיאר				
	Date Incurred or Established					
City State Zip Code	Date Due					
A. Has loan been restructured?	If yes, date originally incurre					
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:					
C. Are other parties secondarily liable for the debt incur	rred?					
	nust be reported on Schedule C.)				
D. Are any of the following pledged as collateral for the	loan: real estate, personal	What is the value of this collateral?				
proparty, goods, negotiable instruments, pertificates of stocks, accounts receivable, cash on deposit, or othe	of deposit, chattel papers, ar similar traditional collateral?	lana di madama di sandana di sandana di sandana di sana				
No Yes If yes, specify:	· · · · · · · · · · · · · · · · · · ·	กระสารสารโทรงสารให้การสร้างการที่สารสารที่ได้การสร้างการที่ได้และสำนักที่สารสารได้การสารได้การสารได้การสารได้กา				
	4	Does the lender have a perfected security				
	2	interest in it? No Yes				
E. Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes,	rest income, pledged as specify:	What is the estimated value?				
	spectry	รับสารหนึ่งแหน่มีระวงเรียนสาวที่สาวานที่สารหนึ่งสารหนึ่งเราะหนึ่งการที่สารหวรได้สารคว				
		hand we have the set of the set of the set of the set				
A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2).	Location of account:					
Date account established:	Address:					
	City, State, Zip:					
F. If neither of the types of collateral described above w	as pledged for this loan, on if the	amount pledged does not equal or exceed				
the loan amount, state the basis upon which this loa	n was made and the basis of w	hich it assures repayment.				
		<u> </u>				
G. COMMITTEE TREASURER		DATE				
Typed Name Signature						
H. Attach a signed copy of the loan agreement.						
I. TO BE SIGNED BY THE LENDING INSTITUTION:						
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.						
II. The loan was made on terms and conditions (i	II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for					
similar extensions of credit to other borrowers of III. This institution is aware of the requirement that	t a loan must be made on a bas	is which assures repayment, and has				
complied with the requirements set forth at 11	Urn 100.82 and 100,142 in mai	DATE				
Typed Name						
	Title					
		Environment International Association				

SCHEDULE D (FEC Form 3X) PAGE (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) **Excluding Loans** numbered line) NAME OF COMMITTEE (In Full) COUNTY REPUBLICAN CENTRAL COMMITTEE JAPA Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code 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 Nature of Debt (Purpose): Mailing Address State Zip Code City Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address Zip Code City State 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)...... > 2) TOTALS This Period (last page this line number only)...... >

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) >

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

OF

9

10

130310148

ф Ф

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Check if 24-hour report 48-hour report New report Amends report	rt filed on
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District: President
Name of Federal Cendidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
Full Name (Last, First, Middle Initial) of Payee	
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	•
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	· []
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Date	
Signature	FEC Schedule E (Form 31) Bity 07/201

SCHEDULE F (FEC Form	3X)
ITEMIZED COORDINATED PA	ARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITT	EES OR DESIGNATED AGENT(6)
ON BEHALF OF CANDIDATE	S FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))	To be used only by Bolitical Committees in the

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

FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) NADA COUNTY REPUBLICAN CENTRAL COMMITTEE Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? NO YES Mailing Address If YES, name the designating committee: City ZIP Code State Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date State City Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidentia Aggregate General Election Expenditure for this Candidate > Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date City State Zip Code Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential Aggregate General Election Expenditure for this Candidate > SUBTOTAL of Expenditures This Page (optional)......

►

PAGE

OF

.

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE USE ONLY ONE SECTION, A or B State and Local Party Committees Fixed Percentage (select one) Residential-Only Election Year (28% Federal) Presidential and Senate Election Year (36% Federal) Senate-Only Section Year (21% Federal) Non-Presidential and Non-Senate Election Year (15% Federal) B. Separate Segregated Funds and Nonconnected Committees NONK Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate catio below Federal..... % Nonfederal This ratio applies to (check all that apply): Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS	PAGE	OF	
NAME OF COMMITTEE (In Full)			
NIAPA COUNTY PEPUBLICAN CENTRAL CON	MMITT	EE	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDRIATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.			7
Methods of allocation:			
 FUNDRAISING activities are allocated using the "funds received method" where the expenses must equal the federal proportion of monies raised. 	e federal proj	portion of	
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to bene where the federal proportion of disbursements is based on the benefit derived by f tivity. Fer PACs Only: Direct candidate support includes public communications or federal and nonfederal candidates, regardless of whether there is a reference to a are allocated using a time/space method.	ederal candic voter drives	lates from that refer to	he ac- both
ACTIVITY OR EVENT IDENTIFIER			
ACTIVITY IS:	AL %	NONFEDI	ERAL %
Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%		%
ACTIVITY OR EVENT IDENTIFIER	AL %	NONFED	ERAL %
CHECK IF THE RATIO IS:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Later	~~]%
New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER	Al 94	NONFED	
ACTIVITY IS:		NONFEDI	
CHECK IF THE RATIO IS:	%		%
New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER	A1 9/	NONFED	
ACTIVITY IS:		In the second se	
Fundraising Direct Candidate Support	1		%
CHECK IF THE RATIO IS:			
ACTIVITY OR EVENT IDENTIFIER	AL %	NONFED	ERAL %
ACTIVITY IS:			
CHECK IF THE RATIO JS:	~~ /%	L	~~ /%
New Revised Same as Previously Reported			
ACTIVITY OR EVENT IDENTIFIER			
ACTIVITY S:	AL %	NONFED	HAL %
Fundraising Direct Candidate Support	%		%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported			
New Revised Same as Previously Reported			

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

AL	LOCATED FEDERAL / NONFEDERAL		FOR LINE 18a OF FORM 3X
NA	ME OF COMMITTEE (In Full)		
	NAPA COUNTY REPUBLIC	CAN CENTRAL COM	MMITTEE.
	NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
	BREAKDOWN OF TRANSFER RECEIVED		
	i) Total Administrative		and and the first and the first and the second
	ii) Generic Voter Drive		
	iii) Exempt Activities		L. A. Landa
	iv) Direct Fundraising (List Activity or Event Ide	ntifier)	
	a)	and a second s	Y
	b)]
	c) Total Amount Transferred For Direct Fundra	aising	anna harrighan 1900 ann an
	v) Direct Candidate Support (List Activity or Ev	vent Identifier)	
	a)]
	b)]
	c) Total Amount Transferred For Direct Candic	date Support	
	vi) Public Communications Referring Only to	arty (Made by PAC)	
	TOTALS FC	OR BREAKDOWN OF TRANSFER RECEIV	ED
т	OTAL This Period (Administrative)		Aradamired Braders
т	OTAL This Period (Generic Voter Drive)		
т	OTAL This Period (Exempt Activities)		
т	OTAL This Period (Difect Fundraising)		
т	OTAL This Period (Direct Candidate Support)		
т	OTAL This Period (Public Communications Referring	Only to Party)	
J	OTAL This Period (Total Amount Transferred)		

-d

M

FEC Schedule H3 (Form 3X) Rev. 12/2004

PAGE

OF

FE6AN026

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation [™] or Signature Confirm	nation [™] Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business	Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Date of Re Other (Specify):	ceipt or Postmarked			
DEEDADED	1/23/13			
PREPARER (3/2005)	UAIE PREPARED			