

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
Francisco For Congress

ADDRESS (number and street) 2407 Anacapa Street
 Check if different than previously reported. (ACC) Santa Barbara CA 93105

2. **FEC IDENTIFICATION NUMBER** ▼ C C00551721 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT
CA 24

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 11 / 04 / 2014 in the State of CA
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 05 / 14 / 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 Chrissie Hastie
Signature of Treasurer Chrissie Hastie [Electronically Filed] Date 05 / 22 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Francisco 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))....	19275.00	127150.00
(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)).....	19275.00	127150.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	112047.70	153450.88
(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)).....	112047.70	153450.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5699.12	
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).....	56958.92	

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

Francisco 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).....	15800.00	121450.00
(ii) Unitemized.....	3475.00	5700.00
(iii) TOTAL of contributions from individuals ▶	19275.00	127150.00
(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))..	19275.00	127150.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	32000.00	32000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	32000.00	32000.00
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)..... ▶	51275.00	159150.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	112047.70	153450.88
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) ▶	112047.70	153450.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	66471.82
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	51275.00
25. SUBTOTAL (add Line 23 and Line 24).....	117746.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	112047.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5699.12

**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 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Lance Brown

Mailing Address **PO Box 307**

City **Los Olivos** State **CA** Zip Code **93441**

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

Name of Employer .Information Requested
Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40521.C715

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Buczek

Mailing Address **1560 La Vista Del Oceano**

City **Santa Barbara** State **CA** Zip Code **93109**

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

Name of Employer .Information Requested
Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : 40425.C690

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Burk

Mailing Address **226 La Vista Grande**

City **Santa Barbara** State **CA** Zip Code **93103**

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

Name of Employer .Information Requested
Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 40521.C730

Amount of Each Receipt this Period
500.00

Receipt

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 6 OF 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Santosh Chandrachod

Mailing Address 373 River Oaks Circle #1208

City San Jose State CA Zip Code 95134

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40425.C685

Amount of Each Receipt this Period
 Receipt 350.00

B. Full Name (Last, First, Middle Initial)
Karen Conger

Mailing Address 2648 State Street #25

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40521.C704

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Robert Duncan

Mailing Address 4015 Bajada Lane

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 03 / 2014

Transaction ID : 40425.C674

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

1850.00

**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 36
	<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)
Francisco For Congress

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

Mailing Address 2149 Boundary Drive

City Santa Barbara State CA Zip Code 93106

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : 40521.C721

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Paul Halula

Mailing Address 408 Por La Mar Circle

City Santa Barbara State CA Zip Code 93103

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40521.C714

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ralph Ianelli

Mailing Address 1486 East Valley Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer .Information Requested Occupation .Information Requested
Essex Capital Corporation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : 40521.C725

Amount of Each Receipt this Period
1000.00

Receipt

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

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

2300.00

**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 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Ralph Ianelli

Mailing Address 1486 East Valley Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Occupation
Essex Capital Corporation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 14 / 2014

Transaction ID : 40521.C727

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Judith Ishkanian

Mailing Address 1480 San Leandro Park Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : 40425.C684

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Judith Ishkanian

Mailing Address 1480 San Leandro Park Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2014

Transaction ID : 40521.C722

Amount of Each Receipt this Period
50.00

Receipt

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

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

1100.00

**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 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Judith Ishkanian

Mailing Address 1480 San Leandro Park Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : 40521.C726

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

B. Full Name (Last, First, Middle Initial)
Robin Kopeikin

Mailing Address 22 Nicholas Lane

City Santa Barbara State CA Zip Code 93108

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

Name of Employer First Republic Investment Mgmt Occupation Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40521.C717

Amount of Each Receipt this Period
 Receipt **350.00**

C. Full Name (Last, First, Middle Initial)
Mary Lewis

Mailing Address 15 Woodale Lane

City Santa Barbara State CA Zip Code 93103

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40425.C679

Amount of Each Receipt this Period
 Receipt **2600.00**

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

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

3050.00

**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 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Maureen Masson

Mailing Address 559 Periwinkle Lane

City Santa Barbara State CA Zip Code 93108

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40521.C713

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Albert Mercado

Mailing Address 4590 Camino Molinero

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : 40425.C670

Amount of Each Receipt this Period
300.00

Receipt

C. Full Name (Last, First, Middle Initial)
Hugh Merrill

Mailing Address 287 Hot Springs Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 25 / 2014

Transaction ID : 40425.C671

Amount of Each Receipt this Period
500.00

Receipt

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

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

1000.00

**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 11 OF 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Richard Ortale

Mailing Address **PO Box 50808**

City **Santa Barbara** State **CA** Zip Code **93150**

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

Name of Employer **Self Employed** Occupation **Investor**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : 40410.C665

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
John Self

Mailing Address **3483 State Street #339**

City **Santa Barbara** State **CA** Zip Code **93105**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40521.C709

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael Self

Mailing Address **3463 State Street #339**

City **Santa Barbara** State **CA** Zip Code **93105**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2014

Transaction ID : 40521.C708

Amount of Each Receipt this Period
500.00

Receipt

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 12 OF 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Karen Sullivan

Mailing Address 89 Seaview Drive

City Santa Barbara State CA Zip Code 93108

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 08 / 2014

Transaction ID : 40521.C719

Amount of Each Receipt this Period
 Receipt 500.00

B. Full Name (Last, First, Middle Initial)
Michael Terraro

Mailing Address 3231 Campanil Drive

City Santa Barbara State CA Zip Code 93109

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

Name of Employer .Information Requested Occupation .Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40425.C694

Amount of Each Receipt this Period
 Receipt 500.00

C. Full Name (Last, First, Middle Initial)
Donn Tognazzini

Mailing Address PO Box 599

City Los Olivos State CA Zip Code 93441

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2014

Transaction ID : 40521.C706

Amount of Each Receipt this Period
 Receipt 1000.00

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 13 OF 36
	<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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Goleta Valley Mini Storage LP

Mailing Address 5380 Overpass Road

City Santa Barbara State CA Zip Code 93111

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40425.C695

Amount of Each Receipt this Period
 Receipt 500.00

B. Full Name (Last, First, Middle Initial)
Joanna VonYurt

Mailing Address 5380 Overpass Road

City Santa Barbara State CA Zip Code 93111

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

Name of Employer Occupation
 Goleta Valley Mini Storage LP Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40425.C696

Amount of Each Receipt this Period
 Memo 500.00

[MEMO ITEM]
 Partnership->Goleta Valley Mini Storage LP Partnership

C. Full Name (Last, First, Middle Initial)
Judith Whiting

Mailing Address 4764 Calle Las Brisas

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Occupation
 Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2014

Transaction ID : 40425.C680

Amount of Each Receipt this Period
 Receipt 500.00

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

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

1000.00

15800.00

**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 14 OF 36
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Francisco For Congress

A. Full Name (Last, First, Middle Initial)
Dale Francisco

Mailing Address PO Box 22007

City Santa Barbara State CA Zip Code 93121-

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

Name of Employer Candidate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : 40521.C733

Amount of Each Receipt this Period
5000.00

Loans Made/Guaranteed by Cand.

B. Full Name (Last, First, Middle Initial)
Dale Francisco

Mailing Address PO Box 22007

City Santa Barbara State CA Zip Code 93121-

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

Name of Employer Candidate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2014

Transaction ID : 40502.C699

Amount of Each Receipt this Period
5000.00

Loans Made/Guaranteed by Cand.

C. Full Name (Last, First, Middle Initial)
Dale Francisco

Mailing Address PO Box 22007

City Santa Barbara State CA Zip Code 93121-

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

Name of Employer Candidate Occupation Candidate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
13000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : 40502.C703

Amount of Each Receipt this Period
3000.00

Loans Made/Guaranteed by Cand.

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

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

13000.00

**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 15 OF 36
	<input type="checkbox"/> 11a 12 <input checked="" 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)
Francisco For Congress

Full Name (Last, First, Middle Initial) Dale Francisco		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 06 / 2014
Mailing Address PO Box 22007		Transaction ID : 40521.C710
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 28000.00	

Full Name (Last, First, Middle Initial) Dale Francisco		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 08 / 2014
Mailing Address PO Box 22007		Transaction ID : 40521.C724
City Santa Barbara	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer Candidate	Occupation Candidate	Loans Made/Guaranteed by Cand.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 32000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
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).....	19000.00
TOTAL This Period (last page this line number only).....	32000.00

**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 16 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Bill Bailey		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 424 Olive Street		Amount of Each Disbursement this Period 325.00
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Rent	Transaction ID : 40521.E948
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)	RENT
State: District:		

Full Name (Last, First, Middle Initial) B. California Voter Guide		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 1954 West Carson Street #B		Amount of Each Disbursement this Period 3364.00
City Torrance	State CA	
Zip Code 90501-	Purpose of Disbursement Printing & Postage	Transaction ID : 40521.E953
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)	PRINTING & POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) c. County Clerk		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 1100 Anacapa Street		Amount of Each Disbursement this Period 118.99
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Filing Fees	Transaction ID : 40425.E927
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)	FILING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3807.99
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 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Cox Communications			Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address PO Box 53262			Amount of Each Disbursement this Period 253.18
City Phoenix	State AZ	Zip Code 85072-	
Purpose of Disbursement Telephone & Internet		Category/ Type	Transaction ID : 40425.E929
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)		TELEPHONE & INTERNET
State: District:			

Full Name (Last, First, Middle Initial) B. Cox Communications			Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address PO Box 53262			Amount of Each Disbursement this Period 155.35
City Phoenix	State AZ	Zip Code 85072-	
Purpose of Disbursement Telephone & Internet		Category/ Type	Transaction ID : 40425.E934
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)		TELEPHONE & INTERNET
State: District:			

Full Name (Last, First, Middle Initial) C. Gridiron Communications			Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 100 North Brand Boulevard #304			Amount of Each Disbursement this Period 14994.56
City Glendale	State CA	Zip Code 91203-	
Purpose of Disbursement Printing & Postage		Category/ Type	Transaction ID : 40522.E978
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)		PRINTING & POSTAGE
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	15403.09
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 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Rachel Kim			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014		
Mailing Address 227 Mesa Verde Drive			Amount of Each Disbursement this Period 1425.50		
City Santa Barbara	State CA	Zip Code 93110-	Transaction ID : 40521.E946		
Purpose of Disbursement Consulting Grassroots		Category/ Type			
Candidate Name		CONSULTING GRASSROOTS			
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) B. Rachel Kim			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014		
Mailing Address 227 Mesa Verde Drive			Amount of Each Disbursement this Period 1425.00		
City Santa Barbara	State CA	Zip Code 93110-	Transaction ID : 40521.E952		
Purpose of Disbursement Consulting Grassroots		Category/ Type			
Candidate Name		CONSULTING GRASSROOTS			
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. Rachel Kim			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014		
Mailing Address 227 Mesa Verde Drive			Amount of Each Disbursement this Period 1425.00		
City Santa Barbara	State CA	Zip Code 93110-	Transaction ID : 40521.E955		
Purpose of Disbursement Consulting Grassroots		Category/ Type			
Candidate Name		CONSULTING GRASSROOTS			
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).....	4275.50
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 19 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Ashley Latka		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 652 Lynwood Street		Amount of Each Disbursement this Period 1625.00 Transaction ID : 40521.E945
City Thousand Oaks	State CA	
Zip Code 91360-	Purpose of Disbursement Consulting Grassroots	Category/ Type CONSULTING GRASSROOTS
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) B. Ashley Latka		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 652 Lynwood Street		Amount of Each Disbursement this Period 1625.00 Transaction ID : 40521.E951
City Thousand Oaks	State CA	
Zip Code 91360-	Purpose of Disbursement Consulting Grassroots	Category/ Type CONSULTING GRASSROOTS
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. Ashley Latka		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 652 Lynwood Street		Amount of Each Disbursement this Period 1625.00 Transaction ID : 40521.E954
City Thousand Oaks	State CA	
Zip Code 91360-	Purpose of Disbursement Consulting Grassroots	Category/ Type CONSULTING GRASSROOTS
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).....	4875.00
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 20 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Moore Information Inc.			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 2130 SW Jefferson #200			Amount of Each Disbursement this Period 2900.00
City Portland	State OR	Zip Code 97201-	
Purpose of Disbursement Polling		Category/ Type	Transaction ID : 40425.E931
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)		POLLING
State: District:			

Full Name (Last, First, Middle Initial) B. Northstar Campaign Systems			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 11421 Davenport Street			Amount of Each Disbursement this Period 1974.02
City Omaha	State NE	Zip Code 68154-	
Purpose of Disbursement Telephone Services		Category/ Type	Transaction ID : 40521.E957
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)		TELEPHONE SERVICES
State: District:			

Full Name (Last, First, Middle Initial) c. Piryx			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 144 2nd Street 1st Floor			Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	Zip Code 94105-	
Purpose of Disbursement Merchant Processing Fees		Category/ Type	Transaction ID : 40410.E848
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)		MERCHANT PROCESSING FEES
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4902.77
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 21 OF 36	
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 11.50
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40425.E925
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)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 17.25
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40425.E926
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)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 7.19
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40502.E935
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)	MERCHANT PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	35.94
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 22 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40502.E936
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)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 28.75
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40521.E937
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)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 5.75
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40521.E938
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)	MERCHANT PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	63.25
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 23 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 63.25
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40521.E939
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)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 99.19
City San Francisco	State CA	
Zip Code 94105-	Purpose of Disbursement Merchant Processing Fees	Transaction ID : 40521.E940
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)	MERCHANT PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) c. Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 435 East Main Street #250		Amount of Each Disbursement this Period 520.00
City Greenwood	State IN	
Zip Code 46143-	Purpose of Disbursement Email Services	Transaction ID : 40521.E950
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)	EMAIL SERVICES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	682.44
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 24 OF 36	
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Prosper Group		Date of Disbursement MM / DD / YYYY 05 / 07 / 2014
Mailing Address 435 East Main Street #250		Amount of Each Disbursement this Period 35.00
City Greenwood	State IN Zip Code 46143-	
Purpose of Disbursement Email Services	Category/Type	Transaction ID : 40521.E958
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)	EMAIL SERVICES
State: District:		

Full Name (Last, First, Middle Initial) B. Red Rock Strategies		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 9500 East Flamingo #203		Amount of Each Disbursement this Period 16000.00
City Las Vegas	State NV Zip Code 89147-	
Purpose of Disbursement Consulting Management	Category/Type	Transaction ID : 40410.E845
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)	CONSULTING MANAGEMENT
State: District:		

Full Name (Last, First, Middle Initial) c. Red Rock Strategies		Date of Disbursement MM / DD / YYYY 04 / 01 / 2014
Mailing Address 9500 East Flamingo #203		Amount of Each Disbursement this Period 4000.00
City Las Vegas	State NV Zip Code 89147-	
Purpose of Disbursement Consulting Management	Category/Type	Transaction ID : 40410.E846
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)	CONSULTING MANAGEMENT
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20035.00
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 25 OF 36	
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Staples Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 410 State Street		Amount of Each Disbursement this Period 13.27
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Office Supplies	Transaction ID : 40425.E928
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) B. Staples Inc.		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 410 State Street		Amount of Each Disbursement this Period 49.67
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Office Supplies	Transaction ID : 40521.E944
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) c. Staples Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 410 State Street		Amount of Each Disbursement this Period 64.85
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Office Supplies	Transaction ID : 40522.E962
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)	OFFICE SUPPLIES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	127.79
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 26 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Staples Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 410 State Street		Amount of Each Disbursement this Period 105.83
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Office Supplies	Transaction ID : 40522.E968
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)	OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) B. Strategic Media Placement		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 45050.00
City Delaware	State OH	
Zip Code 43015-	Purpose of Disbursement Media	Transaction ID : 40521.E942
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)	MEDIA
State: District:		

Full Name (Last, First, Middle Initial) c. Strategic Media Placement		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 10000.00
City Delaware	State OH	
Zip Code 43015-	Purpose of Disbursement Media	Transaction ID : 40522.E969
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)	MEDIA
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	55155.83
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 27 OF 36			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 86.98
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : 40522.E970
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)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2980 State Street			Amount of Each Disbursement this Period 86.98
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Telephone		Category/ Type	Transaction ID : 40522.E971
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)		TELEPHONE
State: District:			

Full Name (Last, First, Middle Initial) c. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 23.00
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Meeting Registration Fees		Category/ Type	Transaction ID : 40418.E916
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)		MEETING REGISTRATION FEES
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	196.96
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 28 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 3,000.00 Transaction ID : 40418.E920
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Shipping & Postage	Candidate Name		Transaction ID : 40418.E920 SHIPPING & POSTAGE
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:	Category/Type		

Full Name (Last, First, Middle Initial) B. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 133.76 Transaction ID : 40418.E917
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Printing	Candidate Name		Transaction ID : 40418.E917 PRINTING
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:	Category/Type		

Full Name (Last, First, Middle Initial) c. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 209.69 Transaction ID : 40418.E918
City Santa Barbara	State CA	Zip Code 93105-	
Purpose of Disbursement Meals	Candidate Name		Transaction ID : 40418.E918 MEALS
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:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	349.25
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 29 OF 36	
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Valerie Watson		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 2407 Anacapa Street		Amount of Each Disbursement this Period 135.56
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement See Below/Office Supplies	Transaction ID : 40418.E921
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)	SEE BELOW/OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) B. FedEx Kinkos		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 1030 State Street		Amount of Each Disbursement this Period 74.94
City Santa Barbara	State CA	
Zip Code 93101-	Purpose of Disbursement Office Supplies	Transaction ID : 40522.E980
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)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District:		

Full Name (Last, First, Middle Initial) c. Valerie Watson		Date of Disbursement MM / DD / YYYY 04 / 02 / 2014
Mailing Address 2407 Anacapa Street		Amount of Each Disbursement this Period 60.00
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Travel	Transaction ID : 40418.E915
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)	TRAVEL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	195.56
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 30 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 150.00	
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40522.E974	
Purpose of Disbursement Meeting Registration Fees		Category/ Type	MEETING REGISTRATION FEES	
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) B. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 18.09	
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40522.E977	
Purpose of Disbursement Envelopes		Category/ Type	ENVELOPES	
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. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 826.29	
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40522.E981	
Purpose of Disbursement See Below/Travel		Category/ Type	SEE BELOW/TRAVEL	
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).....	994.38
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 31 OF 36			
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Residence Inn Marriott			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 321 South First Street			Amount of Each Disbursement this Period 826.29		
City Burbank	State CA	Zip Code 91502-	Transaction ID : 40522.E982		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name		[MEMO ITEM] MEMO: TRAVEL			
Office Sought:	Disbursement For:				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 258.25		
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40522.E979		
Purpose of Disbursement Meals		Category/ Type			
Candidate Name		MEALS			
Office Sought:	Disbursement For:				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) c. Valerie Watson			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 2407 Anacapa Street			Amount of Each Disbursement this Period 180.00		
City Santa Barbara	State CA	Zip Code 93105-	Transaction ID : 40521.E956		
Purpose of Disbursement See Below/Telephone		Category/ Type			
Candidate Name		SEE BELOW/TELEPHONE			
Office Sought:	Disbursement For:				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	438.25
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 32 OF 36	
	<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)
Francisco For Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2980 State Street		Amount of Each Disbursement this Period 135.00
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Telephone	Transaction ID : 40522.E972
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)	[MEMO ITEM] MEMO: TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 2980 State Street		Amount of Each Disbursement this Period 45.00
City Santa Barbara	State CA	
Zip Code 93105-	Purpose of Disbursement Telephone	Transaction ID : 40522.E973
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)	[MEMO ITEM] MEMO: TELEPHONE
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).....	0.00
TOTAL This Period (last page this line number only).....	111539.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Francisco For Congress** Transaction ID : **LS40521.C724**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Dale Francisco** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 PO Box 22007

City State ZIP Code
 Santa Barbara CA 93121-

Original Amount of Loan 32000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 32000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 04 / D 24 / Y 2014	Date Due M M / D D / Y ONDEMAND	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 32000.00
TOTALS This Period (last page in this line only).....	▶	[] 32000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Red Rock Strategies

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Nature of Debt (Purpose):
Consulting Management

Outstanding Balance Beginning This Period **Transaction ID : LS40410.E845**
21000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
4500.00 20000.00 5500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Red Rock Strategies

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Nature of Debt (Purpose):
Media

Outstanding Balance Beginning This Period **Transaction ID : LS40522.E985**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
6150.00 0.00 6150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Red Rock Strategies

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Nature of Debt (Purpose):
Travel

Outstanding Balance Beginning This Period **Transaction ID : LS40415.E910**
234.56

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 234.56

1) SUBTOTALS This Period This Page (optional)	▶	11884.56
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) ▶		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Red Rock Strategies

Mailing Address 9500 East Flamingo #203

City State Zip Code
Las Vegas NV 89147-

Nature of Debt (Purpose):
Travel

Outstanding Balance Beginning This Period **Transaction ID : LS40522.E986**

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
In Compliance Inc.

Mailing Address PO Box 751271

City State Zip Code
Las Vegas NV 89136-

Nature of Debt (Purpose):
Consulting Treasury

Outstanding Balance Beginning This Period **Transaction ID : LS40415.E911**

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
In Compliance Inc.

Mailing Address PO Box 751271

City State Zip Code
Las Vegas NV 89136-

Nature of Debt (Purpose):
Printing

Outstanding Balance Beginning This Period **Transaction ID : LS40415.E912**

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="11078.61"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Francisco For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
In Compliance Inc.

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Shipping

Outstanding Balance Beginning This Period **Transaction ID : LS40415.E913**

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
In Compliance Inc.

Mailing Address PO Box 751271

City State Zip Code
 Las Vegas NV 89136-

Nature of Debt (Purpose):
 Software & Support

Outstanding Balance Beginning This Period **Transaction ID : LS40415.E914**

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="1995.75"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="24958.92"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="32000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="56958.92"/>