

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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2015 JUL -8 PM 2:14

Office Use Only

1 NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street) P.O. BOX 3263

Check if different than previously reported. (ACC)

NAPA CA 94558 2501

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00455659

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

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)		
January 31 Year-End Report (YE)	Election on				in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of CA

5. Covering Period 04 01 2015 through 06 30 2015

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 JOSEPH BLEVINS

Signature of Treasurer *Joseph Blevins* Date 07 02 2015

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: ^{M M' D D' Y Y Y Y} 04 01 2015 To: ^{M M' D D' Y Y Y Y} 06 30 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		3003.00
(b) Cash on Hand at Beginning of Reporting Period.....	30,03.00	
(c) Total Receipts (from Line 19).....	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3003.00	30,03.00
7. Total Disbursements (from Line 31).....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,003.00	3003.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN PARTY

Report Covering the Period: From: 04-01-2015 To: 06-30-2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶		
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

NDALG

6-10-2015 10:00:00 AM

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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))	,	,
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,
24. Independent Expenditures (use Schedule E)	,	,
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	,	,
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than 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 (52 U.S.C. § 30101(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)).....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	,	,
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,

NONE

NON-FEDERAL SHARE: 000000000000000000000000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	-	-
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-	-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	-
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-	-

NONE

NON-CONFIDENTIAL

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE **6** OF **12**

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

NAPA COUNTY REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

NON-FUNCTIONAL COPY

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

NAPA COUNTY REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		
B.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		
C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

ADWNE

SUBTOTAL of Disbursements This Page (optional).....▶

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

**SCHEDULE C (FEC Form 3X)
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE **8** OF **12**
 FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
NAPA COUNTY REPUBLICAN PARTY

LOAN SOURCE Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
	TERMS Date Incurred Date Due Interest Rate Secured: % (apr) Yes No

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

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

NONE

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

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

NATION INFORMATION

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 9 of Schedule C

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN PARTY	FEC IDENTIFICATION NUMBER C00455659
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
	Mailing Address	Date Incurred or Established
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:
 Amount of this Draw: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?
 A depository account must be established pursuant to 11 CFR 100.82(e)(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 was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis upon which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name _____ DATE _____
 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 (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	Title _____	DATE _____
--	-------------	------------

SCHEDULE D (FEC Form 3X)
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)

NAPA COUNTY REPUBLICAN PARTY

A. 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				
City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period				
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				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				

N/A

- 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) ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) NATA COUNTY REPUBLICAN PARTY	FEC IDENTIFICATION NUMBER C 004 55659
--	---

Check if 24-hour report 48-hour report New report Amends report filed on _____

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

NONE

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date _____

20130919 10:00:00 AM

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN PARTY	Check if 24-hour notice
--	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
--	--

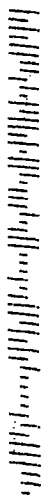
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	\$. .
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	\$. .
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	\$. .
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	

VOID

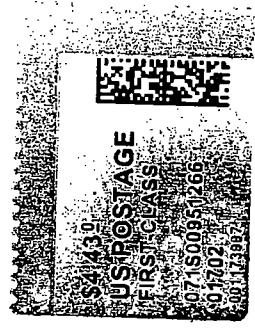
SUBTOTAL of Expenditures This Page (optional).....▶	\$	\$
TOTAL This Period (last page this line number only).....▶	\$	\$

UNACCOUNTED FOR: \$0.00

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FEDERAL ELECTION COMMISSION
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WASHINGTON D. C. 20463

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USPS First Class Mail Postmarked Date of Receipt

USPS Registered/Certified Postmarked (R/C)
7/8/15

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USPS Priority Mail Express 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

Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (3/2015)

7/8/15
 DATE PREPARED

2015-07-08 09:00:00